

**“SASKATOON IS ONE OF THE BEST PLACES TO LIVE IN CANADA”
BUT IS IT AGE-FRIENDLY FOR FILIPINO-CANADIAN OLDER ADULTS?**

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By

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Abstract

The increase in global migration means more immigrants with unique experiences and needs are ageing in host countries. Canada is one of the world's countries that is known for its multiculturalism. The increase in cultural globalization and the affirmation of cultural identities, combined with the demographic composition, present a dynamic reality for Canadian cities in terms of both ethnicity and age of their residents. Urban geographers must establish development strategies that recognize the intersecting needs of these postmodern environments.

Saskatoon is experiencing a major transformation. Population growth, driven by economic development and new employment opportunities, is contributing to the demographic composition of its residents. Therefore, planning for this increasing, older demographic is critical.

On the political and policy front, interest has increased in making communities more “age-friendly,” an ongoing trend since the World Health Organization launched its global Age-Friendly Cities project. Qualitative research was conducted in Saskatoon within the Filipino-Canadian older adult community, to determine if Saskatoon is indeed an age-friendly community from their perspectives and to identify suggestions to enhance culturally pluralistic age-friendly initiatives in Saskatoon. A semi-structured interview guide was used to collect data from fifteen (15) Filipino-Canadian older adults aged 55 and older.

The highlighted features of an age-friendly community based on the expressions of Saskatoon's Filipino-Canadian older adults included: Affordable housing (providing low-income housing

options for older adults and families with filial piety culture), accessible and affordable health care (admission of more Tagalog speaking nurses/ Tagalog language health services), a safe and secure neighbourhood, and accessible and affordable transportation. Following through examination of Saskatoon's Filipino-Canadian community, this research highlights the value of cultural and linguistic inclusivity in age-friendly related services as well as the advantages of age-related institutions supporting and cooperating to establish an inclusive environment for Filipino-Canadian older adults within the Saskatoon community. This study not only informs the manner whereby age-friendly communities are conceptualized, but also aims to put the needs of Saskatoon's Filipino-Canadian demographic at the forefront of urban planning practice and implementation.

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Dedication

For Cecilia and John

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CHAPTER 1

INTRODUCTION

Two interesting demographic trends have been taking place in Canada; an ageing population and a population based upon immigration. These patterns have combined to form a new group of ageing immigrants that have evaded most sociologists and demographers (Durst, 2011). With the rise in the number and proportion of older adults only presenting part of the picture, the older adult population is becoming more racially and ethnically diverse (De Biasi et al., 2020). Moore and Rosenberg (2001) have also stipulated that in the last half-century, we have become a more urban-centred society and much more heterogeneous in cultural and social terms and these changes do not affect the entire population to the same degree at the same time.

1.1 Informing a focus on Saskatoon's Filipino Older Adult Community

The ageing of the population is a global phenomenon that deserves immediate attention. (Saskatoon Council of Aging, 2016). Demographic trends constitute one of the most significant transformations of our time for individuals, societies, and the world at large (United Nations, 2020). In response, the World Health Organization developed the Age-Friendly Cities project in 2002 to challenge communities and urban planners to think about the elements needed in a community to support healthy ageing (Neal & DeLaTorre, 2009; World Health Organization, 2007a). The adoption of this model is spreading across the globe, with many communities in Canada and abroad using the WHO's approach to address the myriad of issues that accompany an ageing and increasingly urban population (Novek et al., 2013; Keating et al., 2013; Broome et al., 2010). Understanding the relationship between population ageing and urban change and the need to develop supportive urban communities are major issues for public policy (Buffel et al., 2016).

Older people play a crucial role in communities - in paid or volunteering work, transmitting experience and knowledge or helping their families with caring responsibilities (Plouffe & Kalache, 2010). These contributions can only be achieved if older persons enjoy inclusion and access to urban spaces, structures, good health, and social services (Zaidi et al., 2013). To accommodate the challenges of population ageing and the rising population in urban centres, urban planning processes will require a comprehensive understanding of the community environment's impact (physical, social, cultural, and economic) on older adults' life experiences (Novek & Menec, 2013). Lay perceptions of an "age-friendly community" are important for understanding the diverse needs of older urban adults as well as developing ways to assist older adults to age well in the community (Reichstadt et al., 2010).

In theoretical urban geography, the theory of how one's status as an immigrant or visible minority impacts their life in old age, termed ethno-gerontology (Chappell, McDonald & Stones, 2008) is briefly acknowledged (Anthias 2013; de Haas and Fokkema, 2010). In several applied examples of age-friendly community development, this research field remains largely absent (Moore & Rosenberg, 2001). Most foreign-born seniors have lived in Canada for a long time contributing their knowledge and skills, as well as their wisdom (Chapelle et al., 2003). In the recent 2016 population census data, the Philippines also ranked first as a country of birth among people who immigrated to Canada between 2006 and 2016. Filipino-Canadians constitute one of the largest groups of Southeast Asian Canadians and one of the major non-European ethnic groups (Statistics Canada, 2016). Their contribution to Canada's labour force is recognizable in health care, manufacturing, sales and teaching and services categories. Since 1992, Filipinos have consistently ranked first in the "independent immigrants" category; a group selected based on skills and ability to contribute quickly to the Canadian society and Canadian economy (Ronquillo et al., 2011). For

example, recruitment strategies such as those deployed by Saskatchewan's government for targeting Filipino nurses illustrate the growing popularity and numbers of this group in Canada (Government of Saskatchewan, 2008).

Filipino-Canadian older adults are often faced with challenges such as language and cultural barriers, high cost of living, a laborious job search process and a chilly northern climate (Wang et al., 2005; Ferrer et al., 2017; Chowdhury et al., 2012). Studies on the impacts of ethnicity on ageing in the Filipino group have mainly focused on migration impacts (Pratt & Philippines Women Center 2003; Chowdhury 2008; Bourgeault et al., 2010). However, while these efforts have made significant inroads to understanding the realities of migrating and ageing as a Filipino in Canada, the age-friendly framework has not been applied explicitly to bridge the personal experiences that have shaped Filipino older adults' lives. This gap represents a missed opportunity to explore the WHO age-friendly community framework regarding ageing and ethnicity. To be an older member of an ethnic group, especially an older ethnic minority, is to experience environments substantially different from mainstream Canada (Chappelle et al., 2008). Given this and the increasing diversity along health and socio-demographic dimensions means that policies and programs designed to meet the needs of older adults must consider the needs and preferences of different sub-populations (Lehning & De Biasi, 2018).

1.1 Research purpose, objectives and central argument

The purpose of this qualitative study was to obtain older adults' (Filipino older adults) individual perspectives on what constitutes an age-friendly community along with their views regarding initiatives and interventions to enhance cultural pluralism, inclusive of the Filipino community, in Saskatoon's broader city-wide age-friendly initiatives. With a focus on the Saskatoon Filipino

older adults' community, the research asks: What are the key features of an age-friendly community for Filipino adults aged 55 and older living in Saskatoon? Using the WHO age-friendly framework and mainstream Saskatoon Council of Ageing reports, this research presents a viewpoint of a nuanced perspective of age-friendly by Filipino older adults, influenced by different ageing variables as a visible minority in Saskatoon. The research also argues and demonstrates that Filipino-Canadian older adults encounter substantially different conditions than the majority of mainstream Canadian older adults in accessing healthcare, transportation, housing, income, and employment. Collectively this study recognizes the nuanced needs of the older Filipino adult community in Saskatoon, thus contributing to broader scholarly knowledge of age-friendly communities' initiatives and policies.

This research was informed through semi-structured interviews with the older Filipino adult community of Saskatoon using a phenomenology approach. The method was chosen for its ability to elicit nuanced, inductive, and elaborate concepts of the ageing experiences among the Filipino older adult community. This research accomplishes the following objectives:

(1) To understand the key components of an age-friendly community from the perspective of Filipino older adults; (2) To find out where these key features meet or differ from those specified by the World Health Organization and mainstream age-friendly Saskatoon initiatives; and, (3) To make recommendations on how to enhance cultural pluralism, inclusive of the Filipino community, in broader city-wide age-friendly initiatives.

The results of this research support a *central argument* that even though Saskatoon is one of the best places to live in Canada according to the Saskatoon Council of Aging (2016), Filipino older adults in terms of health, income, housing needs, transportation, education, and employment,

encounter substantially different conditions than the majority of Canadian born older adults. Saskatoon seniors are diverse with varying backgrounds, family circumstances, abilities, interests, cultural background, and incomes increasing ethnic and social diversity, including a higher proportion of Aboriginal peoples and visible minorities (City of Saskatoon, 2019). Given increasing complexity such as globalization, urbanization, feminization and an ageing population, it would be in the best interest of planning to incorporate a greater diversity of knowledge, perspectives and expertise in its practice (Frankel, 2002). Planners need more than ever the constructive involvement of diverse groups in order to represent them (van Gunsteren, 1994). To this end, many cultural planners have been working directly to improve conditions for the most alienated urban residents, and in the case of this thesis, immigrants and disadvantaged ethno-cultural groups (Sandercock, 1998; Putnam, 1998). A societal transformation towards greater engagement of cultural diversity in Saskatoon's broader city-wide age-friendly initiatives is thus a primary goal of this thesis.

1.3 Thesis outline

Chapter Two provides an in-depth examination of literature surrounding age-friendly community development and its movement globally and in Canada. Trends such as global population, ageing and urbanization have led to the development of age-friendly initiatives to ensure that communities are accessible and conducive to older adults' needs. These trends are examined broadly drawing from Leonie Sandercock's (1998) concept of multiculturalism, which is imperative to understanding the different needs among older individuals (i.e., older adults needs are not homogenous).

Chapter Three examines the study population, data collection methods, research methodology and data analysis. The selected methods are highlighted for their strength in highlighting the Saskatoon Filipino-Canadian older adult community's nuanced ageing experiences. Chapter Four reveals the findings, Saskatoon's Filipino-Canadian older adults' expressions of an age-friendly community, the challenges and barriers to ageing in Saskatoon, and suggestions for achieving a culturally pluralistic community. In this discussion, several barriers such as language, socio-economic status, and lack of transportation are identified as factors that influence Saskatoon's Filipino-Canadian older adults' ageing experience. Furthermore, filial piety is discussed as a broad cultural norm by the Filipino community in its conceptualization of an age-friendly community.

Chapter Five discusses and examines the Saskatoon Council of Aging (SCOA) report, a non-profit organization in Saskatoon responsible for the well-being and age-friendliness of older persons in Saskatoon. A primary goal of the SCOA is to achieve age-friendliness according to standards established by the WHO. Guided by the WHO age-friendly city guide, the SCOA report is examined with the research findings to find similarities and differences between mainstream older adults and Filipino older adults.

Chapter Six highlights the academic and applied significance of this research to geography, sociology, and gerontology. Limitations to the study are mentioned here, and finally, recommendations are suggested to enhance a culturally pluralistic Saskatoon. Fundamentally, this study helps inform age-friendly cities development locally, regionally, nationally and internationally in navigating cities with diverse older adults' communities through the expressions of the Saskatoon-Filipino older adults research. Older adults have much to offer in helping to redesign and optimize communities.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This literature review aims to introduce several diverse but related topics necessary to understand an age-friendly community and point out the research gap, which is the limited representation of immigrant newcomers' voices in age-friendly community literature and initiatives. First and foremost, the literature discusses two twenty-first-century global trends that account for concerns about ageing globally and their implications. Secondly, it discusses the age-friendly concept globally and locally. Furthermore, it reviews relevant literature informing the research gap.

2.2 Urbanization

A contemporary trend of urbanization is evolving as the world is experiencing an increase in population ageing (Kubach, 2014). Urbanization is the result of industrialization, modernization and streamlining. Because of economic, technological, political and environmental advances, more people move to urban areas (Kingsley, 2012). Projections show that urbanization, the gradual shift in the residence of the human population from rural to urban areas, combined with the overall growth of the world's population, could add another 2.5 billion people to urban areas by 2050 (UN, 2018). Cities need to adapt to ageing societies because the average age of residents is rapidly increasing alongside the global urbanization trend (Gudowsky et al., 2017). Urban environments can offer many advantages to their residents, such as accessible, efficient, and quality services (Harris, 2012; McIlwain, 2011). For these reasons, Yoder (2013) says that millions of older adults are moving to cities (UNFPA, 2007; WHO, 2007a). Urban populations' increase is an evitable trend; however, how this urbanization is addressed can be opportunity (UNFPA, 2007). This

opportunity can allow for community design, supports, and services to be remodelled (Ball & Lawler, 2014) to help ensure that cities are meeting the needs of growing older adult populations. Given that cities are already the central hub for important economic, social, demographic, and environmental initiatives, it follows that cities are at the forefront for positive change, especially in a time of surging population ageing (UNFPA, 2007).

2.3 Population ageing

The world's population is getting older: virtually every country in the world is growing in the number and proportion of older people in their population (World Health Organization, 2019; UN 2017). Population ageing is poised to become one of the twenty-first century's most significant social transformations, with implications for almost all sectors of society, including labour and financial markets, demand for goods and services such as housing, transport, and social protection, as well as family structures and intergenerational ties (UN, 2017). Overall, the population aged 60 or older grows faster than all younger age groups as fertility declines and life expectancy increases. The number of older people aged 60 years and over is projected to more than double by 2050 and more than triple by 2100, from 962 million globally in 2017 to 2.1 billion by 2050 and 3.1 billion by 2100 (UN, 2017).

Population ageing is a crucial policy issue facing governments in Canada, funding agencies, researchers, and healthcare providers (Ries, 2010). According to Statistics Canada (2019), there is a growing gap between the number of children and seniors. The latest population estimates point to the Canadian population's continuing rapid ageing. This trend is driven in particular by below replacement level fertility rates, which have been the situation in recent decades, and an increased life expectancy. In Canada, it is estimated that women's life expectancy is 83.3 years, and for men,

78.8 years (Human Resources and Skills Development Canada, 2014). The ageing of the generation of baby boomers (1946 to 1965), born after World War II, which makes up a significant proportion of the population (25.6 %), further accelerates the population's actual ageing. As of July 1, 2018, close to one in two seniors (46.3%) were born during the baby boom period (Statistics Canada, 2019). The UN (2009) describes current population ageing as unprecedented: having never occurred before in human history; pervasive: a global phenomenon affecting most countries around the world; profound: having significant implications in social, political, and economic realms; and lastly, enduring: a global trend that is expected to continue to rise in the years to come (Uhlenberg, 2013). Although population ageing may pose different implications for different societies, universally, there seems to be 'an alarm factor' concerning the impact of this booming demographic on future healthcare and economic sustainability (Béland & Viriot Durandal, 2012; Boecking et al., 2012; Caldwell et al., 2008; Dall et al., 2013; Feng et al., 2012; Harvey & Thurnwald, 2009).

2.4 Implications of population ageing and urbanisation

With booming populations in urban centers and simultaneous global ageing, it follows that the number of older adults in these urban locations is also increasing (UNFPA, 2007; WHO, 2007a). With the current and rising numbers of city-dwelling older adults, municipalities, city planners, health professionals, and other community personnel express substantial concerns regarding the ability to successfully cope with the demands of this shifting demographic, such as the adequacy of available resources and the continued and future demand for resources and services (Isaacs, Miller, Harris, & Ferguson, 2007; Kennedy, 2010). Many sources predict that these changes may bring potential detrimental consequences (Caldwell et al., 2008; Lloyd-Sherlock et al., 2012; Waldbrook, Rosenburg, & Brual, 2013). Having a negative perception of the aged often stems

from the idea that an ageing population will cause increasingly burdensome demands on society (Beard & Petitot, 2010). However, this way of thinking creates further challenges and hinders potential positive planning for ageing societies (Kwok & Tsang, 2012). Therefore, more emphasis needs to be placed on the positive aspects of population ageing, in particular the opportunities, resources, and wealth of experience that older adults can provide to society (Caldwell et al., 2008; Provencher, Keating, Warburton, & Roos, 2014; Sinha, 2012). Although urban communities can be advantageous to older adults in many ways, such as through the availability of cultural, educational, and religious programs, accessible healthcare services, and other public resources, they may also provide challenges in community design which may have an impact on function and independence (Barusch, 2013; Buffel, Phillipson, & Scharf, 2012). The ability to remain independent and actively engaged in the community is strongly influenced by the compatibility of one's physical and social environment with one's specific needs (Golant, 2014).

Older adults consider neighbourhood design an important determinant of activity in later years (Michael, Green, & Farquhar, 2006). Furthermore, older adults' perceived accessibility to key resources has been identified as an important determinant of social participation (Richard, Gauvin, Gosselin, & Laforest, 2008). Since physical and social activities are important factors in maintaining independence at an old age, neighbourhood design must be conducive to engaging in these activities. Kennedy (2010) suggests that most communities and cities were designed with the "American Dream" in mind, focusing on a younger demographic. Although our societies have changed, the focus on younger individuals has remained static, in many cases posing problems for an ageing population (Kennedy, 2010; Sinha, 2012). Environmental design with advancing age, can act as a facilitator or barrier to an older adult's activity patterns, daily routines, and overall

independence (Chippendale & Boltz, 2015; Michael et al., 2006). For example, Chippendale and Boltz (2015) found that older adults living in urban communities perceive their community's features as important factors in the risk of falls and attitudes regarding the fear of falling. As the needs such as community support and the individual's health services increases, the demands placed on environmental conditions also increase (Nahemow & Lawton, 1973). A balance between the individual's needs and the resources offered by the surrounding environment is a determinant of positive outcomes (Golant, 2014; Wallace & Bergeman, 1997). Therefore, the urban environment is an essential determinant of health and quality of life for older adults, making ageing individuals particularly vulnerable to any deficiencies in their environments (Beard & Petitot, 2010; Beard & Warth, 2013; Golant, 2014; Menec, Means, Keating, Parkhurst, & Eales, 2011).

There are two key issues to consider in successful environmental design: (1) the physical design and layout of the community, and (2) the infrastructure of the community, that is, how services and programs are delivered (Hunt, 2001). It has been suggested that community infrastructure is not always designed to best cater to the needs of older adults, in particular to the needs of those in advanced old age, who may have functional limitations and other health concerns (Alley et al., 2007; Caldwell et al., 2008). Thus, community design and service availability frequently fall short, failing to meet these individuals' needs. Urban centers often have multiple layers and silos of planning and development that are not well integrated and often lack intercommunication (Drummond, 2012; Menec, Novek, Veselyuk, & McArthur, 2014). For example, Drummond (2012) discusses the challenges that exist between the different sectors of the Canadian healthcare system. He explains that because the healthcare system is divided into separate silos (i.e., family doctor, specialist, hospital), communication between these silos is sometimes impeded,

contributing to an inadequate healthcare provision. For an age-friendly initiative to be adopted, this presents a greater obstacle. Since services are being designed for older adults, it is important to include older adults in the development of these services (WHO, 2007a). It is also important to remember that older adults are not a homogenous group (WHO, 2002; Moore & Rosenberg, 2001), resulting in differing needs across communities depending on the mix of younger and older adults living within these communities (Baltes & Smith, 2003). It is important, therefore, to ensure that all age groups of older adults are being included. As individuals get older, they tend to spend more time in their immediate environments (Golant, 2014), making the effective design of their surroundings an even more critical issue.

2.5 Aging in contemporary Canada

Durst (2010) noted that there were two interesting demographic groups in Canada, an ageing population and immigration-based population growth and that these patterns combine to form a new group of ageing immigrants that most researchers seem not to notice. Moore and Rosenberg (2001) stipulated that, we have become a more urban-centred society and much more heterogeneous in cultural and social terms, and these changes do not affect the entire population to the same degree at the same time. With these rising numbers, municipal leaders face the challenge of adapting their towns to meet older people's needs and enabling them to age successfully (Nelson, 2009). According to the Statistics Canada 2016 population census, the total percentage of immigrants to Canada from 2011 to 2016 was 16.1 percent, approximately 1.2 million recent immigrants. Among the top ten countries of birth of recent immigrants who migrated by the period of 2011 to 2016 to Canada, the Philippines was in the lead with a population of 188,805 recent immigrants and South Korea at the bottom with a population of 21,710 recent immigrants. Chappell et al. (2003) noted that it is important not to discount minority older

immigrants because their numbers are small but to prepare for an even more diverse future of senior older adults with very diverse ageing needs. This renders ageing a major concern for the Canadian government, service providers and funding agencies such as the Social Sciences and Humanities Research Council at all scales.

2.5.1 Provincial policy frameworks for ageing in Canada

Co-housing, E-health (telehealth) and home care are among the many policies, frameworks, and initiatives that have been put in place to support older adults' ability to age in place by the Canadian government. In overview, across many of the provinces in Canada, various policies are being put in place towards ageing in place. For example in Alberta, the ageing population policy framework is based on eight themes which include: financial security and income; housing and ageing in the right place; continuing care; healthy ageing and health care; transportation and mobility; safety and security; supportive communities and access to government (Government of Alberta, 2010). The Government of Saskatchewan was a leader in developing strategies for an ageing population, appointing the provincial advisory committee of older persons in 2000 and developing a provincial policy framework and action plan for older persons (Government of Saskatchewan, 2003). This plan identified Saskatchewan seniors' needs and concerns, with a clear set of recommendations for future directions. The provincial framework and action plan for older persons targeted six goals which include: to ensure the provision of and access to affordable and supportive housing and services for older persons, provide safe and affordable transportation for older persons, ensure the access and availability to the continuum of quality and appropriate health care services for all older persons, promote active living and lifelong learning, enhance the recognition of contributions of older persons, and finally ensure the safety and security of all older persons (Government of Saskatchewan, 2003). In the case of British Columbia, in 2005, the British Columbia (B.C.)

Ministry of Health launched its first healthy ageing policy and planning framework: Healthy Aging through Living (Government of British Columbia, 2005); their five key priority areas were: healthy eating, injury prevention, physical activity, tobacco cessation, and social connectedness.

2.6 Informing a need for cultural pluralism in age-friendly development

Since the early 1980s global migrations have intensified urban diversity such that Castles and Miller (1998) have declared our entry into an unprecedented “age of migration”. Fundamental transformations – upheavals in the former Soviet Bloc; wars and famine throughout Africa; rapid development in Asia; unstable democracies in Latin America; economic integration in Western Europe and growing inequalities between North and South – have put the world into motion. Whereas earlier migrations, especially to North America, were to rural regions, more recent immigrants have settled overwhelmingly in urban centers (Fleras & Elliot, 2002). Because we live in an age of migration (Castles & Miller, 1998), we are necessarily inevitably interested in the politics of multiculturalism (Sandercock, 2009). In essence, this demands a revision of the conventional conceptions of citizenship and much new thinking on immigrants’ social inclusion.

Given the 21st-century urban reality, we need to find a way to manifest the importance of cultural diversity publicly and to discuss the meaning of different identities; that is, to question which differences exist, but should not exist, and which do not exist, but should exist (Mouffe, 2000). Diversity tends to be the “natural condition” in cities (Jacobs, 1961). Recent globalization and other post-modern forces are intensifying the experience. Urban geographers and sociologists document an increasingly complex urban landscape in terms of ability, age, ethnicity, gender, health, sexuality and socio-economic status (Pratt, 1998), and more robust, more diverse voices are beginning to challenge existing institutions (Sandercock, 1998). As several scholars have

pointed out (Sassen, 1996; Rocco, 2000), the contemporary phenomenon of immigration and ethnicity is constitutive of globalization and is reconfiguring the spaces of social relations in cities in new ways. Cultural pluralism starts with acknowledging that different cultures represent different systems of meaning and version of a good life (Parekh, 2000).

2.6.1 Canada's diverse older population

There is no doubt that older adults' immigration is a dynamic collection of events with consequences for culture, the family and the citizen. Since immigration from one country to another at an older age is largely regulated by family reunification schemes, there could be two generations of people who are new to the host country and who are faced with daunting but separate problems at the same time (Keefe, Rosenthal and Béland 2000). For example, 80 percent of older immigrants arriving in Canada in 2004 were family-class immigrants, and the bulk were older adults. Family-class applicants 54 years of age and over are not assessed as economic refugees under the Canadian point system; they are assessed for good health and character. A similar survey of older newcomers to Canada found that older adults immigrate primarily to take care of their grandchildren, adding a third generation to the configuration and underscoring that much of the migration of older people to Canada happens within the family environment. From 2011 to 2016, new immigrants who permanently settled in Canada; the majority (60.3%) of these new immigrants were admitted under the economic category, 26.8% were admitted under the family class to join family already in the country, and 11.6% were admitted to Canada as refugees. According to the 2016 Census, there were 7,540,830 foreign-born individuals who came to Canada through the immigration process, representing over one-fifth (21.9%) of Canada's total population. This proportion is close to the 22.3% recorded during the 1921 Census, the highest level since Confederation.

In addition to contributing to the social and economic development of the country, immigrants and their descendants play a significant role in shaping and enriching the ethnic, cultural and linguistic composition of the Canadian population. Immigration and ageing among visible minority communities are of global significance as the study of older people within their own ethnic community and in comparison to other ethnic groups demonstrates how diverse cultures react to ageing demands in different ways that ultimately have consequences for their collective experience in later life (Chapelle, McDonald and Stones 2008). These changes are also important because of racial and ethnic inequities in health and access to resources, as well as cultural differences in expectations of informal and formal care (De Biasi et al., 2020). A limited but growing number of studies on the effect of ethnicity, nationality, race and culture on a person and population ageing have shown that ethnicity and race have a profound influence on the ageing experience, as a result of old age perceptions and preference lifestyles, intergenerational disparities, living conditions, family support, and the use of ethno-specific health and social services, or the problems of racism and discrimination (Keefe, Rosenthal and Béland 2000; Kobayashi 2000; Lai 2004; Lai and Surood 2008; McDonald et al., 2008)

2.7 Age-friendly cities movement

Making cities and communities age-friendly has emerged as an attractive policy response to these twin challenges of population ageing and urban growth (Biggs & Carr, 2015). The “age-friendly city” concept has its origin at the international level. The World Health Organization (WHO, 2007) defines an age-friendly city as one that “encourages active ageing by optimizing opportunities for health, participation, and security in order to enhance the quality of life as people age.” A key component of the definition is promoting “active ageing.”

This notion informed WHO's Age-Friendly Cities Project, which aimed to help communities understand what characteristics make a city age-friendly and what barriers can prevent individuals from actively ageing (Neal & DeLaTorre, 2009; World Health Organization, 2007). In 2007, WHO used the results from this project to create a document called Global Age-Friendly Cities: A Guide. It included a checklist that covers eight "topic areas" of essential features of age-friendly cities: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services where municipalities which aspire to be age-friendly cities should intervene in ways that promote active ageing. Using the guide and checklist, cities around the world started to evaluate their communities and identify areas that need change (Kubach, 2014).

2.7.1 Age-friendly community concept in Canada

Canada is one among many countries that have made age-friendly communities a national priority (Plouffe & Kalache, 2010). Canada's role started in 2006 when federal, provincial and territorial governments identified a need for supportive environments (Public Health Agency of Canada (PHAC), 2012). Today, this a public health priority. According to the Public Health Agency of Canada (PHAC), eight provinces have age-friendly community programs (British Columbia, Alberta, Manitoba, Ontario, Quebec, Newfoundland and Labrador, Nova Scotia and Prince Edwards Island) and a large number of provincial age-friendly designated communities (PHAC, 2012). Various scholars have applied the concept of age-friendliness to study specific services (Novek et al., 2013). Broome et al. (2010) examined priorities for an age-friendly bus system; they identified seven priorities for age-friendly bus service from their research. In developing a seven-point strategy for age-friendly hospitals in Taiwan, Chiou and Chen (2009) defined age-

friendliness as accessible and supportive environments that promote older adults' health and wellbeing. In the Canadian scope, Menec et al. (2011) argue from an ecological perspective; they stipulate that embedded within the various frameworks for age-friendly communities is the notion that older adults' quality of life is connected to their physical and social environments. Another argument in supporting the age-friendly concept has come from Garon et al. (2014), who highlight the collaborative partnership conditions and factors that foster implementation effectiveness within the age-friendly cities in Quebec, Canada. Keating et al. (2013), in conceptualizing "best fit" for age-friendly rural communities, have questioned the age-friendly concept, the degree to which it fits small towns and rural communities in Canada and the international community at large. They call for a more inclusive concept, however, but focusing primarily on economic status and social network marginalization.

Similarly, Menec et al. (2015) argue in support of the age-friendly concept, focusing mainly on small towns and rural communities; they highlight the importance of differentiation between degrees of rurality, as different patterns emerge for communities of different sizes and proximity to a larger urban center. Weirsmas and Koster (2013) have concentrated on the sustainability of northern and resource-based age-friendly communities, given the pressures on volunteers. Similarly, Skinner et al. (2014) have focused on voluntarism in rural and resource-based communities. They propose that voluntarism in rural and resource-based communities both shapes and is shaped by factors such as older people, ageing places and the interactions between the two. A broader criticism has come from Golant et al. (2014) and Waldbrook et al. (2013), who question whether we expect too much from the concept and whether local community leaders are only prepared to address relatively low-cost easy to solve issues, but are reluctant to address expensive and complex issues, such as affordable housing or social services. Neville et al. (2016) recently

argued that establishing older people's perception of their communities is a fundamental starting point for age-friendly initiatives.

2.8 Research gap

Since 1945, and particularly since the mid-80s, there has been growth and significance in migration (Castles & Miller 1998). An ensemble of factors has contributed to this: growing inequalities in wealth between north and south urge people to move in search of work opportunities; political, ecological and demographic pressure force some people to seek refuge beyond their homeland; ethnic and religious struggles (Castles & Miller, 1993, as cited in Sandercock, 1998). Sandercock (1998) observed that cities and progressively 21st century cities are multi-ethnic, multi-racial, diverse, and the next century's cities and regions will be more so. The geographical expressions of these factors, such as periphery to center movement; moving from south to north; moving from developing countries to well-advanced countries, has resulted in creating post-modern cities and regions of extraordinary cultural diversity, creating a landscape of post-modernity; a landscape marked by difference (Sandercock, 1998). Post-modernist cities are characterized by many important social, spatial, economic and institutional changes. In Canada, shifts in the demographic composition of urban centers in terms of age and ethnicity are challenging the social and physical infrastructure of cities and how effective community development is conceptualised (Rosenberg and Everitt, 2001).

It is clear that the rise in elderly numbers and proportions will have profound effects on planning, the social geography of the elderly population, and indeed on society in general (Rosenberg and Everitt, 2001). As Canada continues to grow in population and age, this consequently indicates that the immigrant newcomers who increasingly make up a significant number of Canada's

population will age and challenge existing social policies, implying that new ones will have to be created. Urban planners and geographers have a pivotal role in recognizing what changes have taken place, producing comfortable spaces to meet emerging multicultural cities as well as to predict the developments that are likely to take place in the future. For example, the age-friendly community initiatives which have grown in popularity across Canada, with a collaborative effort by individuals, governments, and community stakeholders aimed at enabling older adults to age in place, maintain physical and psychological health and foster meaningful community relationships (Greenfield et al., 2015).

Scholars in Canada have studied the age-friendly community concept (Menec et al., 2017; Orpana et al., 2016; Novek et al., 2014, Plouffe et al., 2012). However, the lived experiences of recent immigrants who make up a significant Canadian community remain underdeveloped in age-friendly literature. Furthermore, the population of seniors is increasing in terms of size and distribution, and its composition is changing in significant ways (Rosenberg & Everitt, 2001). This research investigates the views on what creates an age-friendly community from the perspective of older Filipino adults in Saskatoon, thus providing suggestions that will inform Saskatoon, age-friendly community initiatives, public policy and urban planning for age-friendly communities.

CHAPTER 3

RESEARCH DESIGN

3.1 Research Methodology

This chapter outlines the methodological approach that was adopted for this thesis. Silverman (2011) states that methodology refers to the choices we make to address the research issue, data collection processes, and data analysis types in planning and executing a research study. He often notes that it is a meta-perspective on methods, for example, by discussing methods theoretically. Research methodology, therefore, considers the reasons behind the methods incorporated in our research and gives an understanding of why a specific method is used. It improves the researcher or others' quick assessment of research findings (DePoy & Gitlin, 2011).

3.1.1 Ontology

My ontology as a researcher, based on my perspective and experiences as a human being, is primarily that of relativism. As a relativist, I believe in multiple versions of reality; what is real depends on the meaning you attach to truth (shaped by context). Truth does not exist without meaning. Since reality is created by how we see things, it evolves and changes depending on one's experiences. This implies that the ageing experiences of Filipino older adults may differ from other mainstream older adults living in Canada. Again, this ontological perspective allows us to infer from similar literature and studies when conducting research. My ontological perspective is evident in the choice of method used for this study, using the semi-structured interview method that enabled the voices of multiple participants' lived experiences and realities.

3.1.2 Axiology

As a visible minority myself researching another visible minority group, I made sure not to let my preconceived ideologies influence this research, I mentally positioned myself as both an outsider and insider in this study. An outsider because I believe in multiple realities, and that the Filipino community will experience ageing differently from the African older adult community and an insider because I find myself not as an older adult, but similarly an immigrant who may share some similarities with the realities and experiences of living in Saskatoon as an immigrant with these participants. To ensure that my preconceived values did not influence this study, an inductive analysis approach was implemented which allowed the data to speak for itself.

3.1.3 Epistemology

My knowledge is based upon an interpretivist epistemology. Interpretivist epistemology deals with people's subjective experiences of the social world instead of looking at the social world from an objective perspective. The main goal is to interpret the subjective meanings people give to situations (Silverman, 2011). Depoy and Gitlin (2011) argue that this approach has a more productive theoretical base by offering an in-depth grasp of the issues at hand and allowing the researcher to cover specific aspects of the phenomena. The semi-structured interview method outlines this relationship correctly by eliciting the unique perspectives and experiences of study participants.

3.1.4 Positionality

My engagement in this research came about as a result of volunteering with an Alzheimer's group in my country, Ghana, where I supported older adults in their daily care needs and also advocated against abuse of older adults living with dementia especially, women who were termed witches as

a result of ignorance by some communities. Having the opportunity of studying ageing, I was curious to know if, as a visible minority community (Filipino older adults), just like my home country experienced different realities, especially in a different continent.

Before starting the study, which was focused on a visible minority group, I was unsure which visible minority group to research, being a visible minority myself who has just immigrated to Canada. With a keen observation around the city and mostly on campus, it was visibly apparent that the majority of minorities I encountered or saw, throughout the mall, cafes in the city and on campus, the church, grocery stores, were mostly Filipinos; this drove curiosity, even more, to focus on this unique group. It is no surprise the Filipino ethnicity was recorded as topping the most recent immigrants in Canada in 2016 that was conducted.

3.1.5 Methodological approach

The study follows a phenomenology qualitative research approach. Phenomenology aims to understand lived experiences or phenomena of everyday life (Dowling, 2007). In phenomenological research, the researcher relies on participants' perspectives to provide insight into their motivations. It does not involve a well-formed hypothesis. It is a research methodology that aims to describe an event, activity or phenomenon (Flood, 2010). Hermeneutic (interpretative) phenomenology is an explanatory method of phenomenology, extending the study of the lived experience from description to understanding via an interpretative process (Dowling, 2007).

In this research, hermeneutic phenomenology was adopted because this research approach enabled the researcher to explore and explain an age-friendly community concept based on the meanings and lived experiences of older Filipino adults living in the city of Saskatoon. The approach also provides an opportunity for researchers to have access to valuable data; rich in meaning and give

an in-depth understanding of people's subjective experiences (Silverman, 2011). In summary, this approach is used in the thesis because it is best suited to answering the research aim. This approach is achieved in the study by using a semi-structured interview data collection technique.

3.2 Study Population

This research was conducted in Saskatoon. Saskatoon is the largest city in Saskatchewan, with a population of 246,376 according to the 2016 population census. Diversity of ethnicity characterizes Saskatoon; North American Aboriginal, European, Caribbean, African, Oceanic, and Asian (Census Canada, 2016). The Filipino community (of Asian ethnic background), which is the focus of the research, is one of the dominant immigrant groups in Saskatoon. According to the 2016 population census results, of the 42,640 Saskatoon residents who identified themselves as immigrants, nearly one quarter (9,110) hailed from the Philippines, followed by China (3,780), Pakistan (3,720) and India (3,365) (Statistics Canada, 2016).

3.3 Ethics

Ethical approval was granted by the University of Saskatchewan ethics board. A signed consent form was obtained from each participant prior to undertaking the face-to-face interviews (*see Appendix A*). Participants at all points were made to feel comfortable, valued and respected. For example, transparency about the study and its goals were made clear to participants, and they were encouraged to ask questions throughout or after the interview had concluded.

3.4 Sampling

Inclusion criteria for participation in the study included being a Filipino-Canadian older adult aged 55 and older living in Saskatoon, Saskatchewan. Participants were targeted based on an indication of a conscious belonging to the Saskatoon Filipino community through religious, cultural and

social organizations (Catholic Church, Filipino Canadian Association of Saskatoon). Snowball sampling was used to identify potential participants. A sampling procedure may be defined as snowball sampling when the researcher accesses informants through the contact information that other informants provide. This process is, by necessity, repetitive: informants refer her or him to yet other informants, and so on, hence the evolving “snowball effect” (Noy, 2008, p.330). The snowball sampling technique is known for its efficiency, cost-effectiveness and ability to locate minority and vulnerable populations of interest (Johnson, 2014; Sadler et al., 2010).

3.5 Recruitment and data collection

Information about this study was posted on a bulletin at the Our Lady of Lourdes Church, St. Anne Parish and St. Patrick church which are all Catholic churches located in Saskatoon where older Filipino frequently attend church. The University of Saskatchewan is also a community with diverse ethnic group workers. With permission from the University of Saskatchewan Students’ Union (USSU) and other departments in the University, several posters of the research were posted on announcement boards, notice boards and general information boards. Those who received the information from the posters posted on the bulletin boards contacted the researcher expressing their interest to participate. The researcher allocated time to contact those interested and checked their eligibility against the selection criteria; a participant was selected for the interview if they exercised a strong involvement within the Filipino cultural community and was 55 years or older, living in Saskatoon. An appropriate date and time were set for the interview. From these people who contacted the researcher, this led to other potential participants of the study; at this point, the snowball effect set in. Of the 15 participants who met the inclusion criteria and indicated an interest in the research, they all consented to be interviewed.

A semi-structured interview guide was developed from the literature review and based on a previous guide from the overarching research project “*Age-Friendly Communities for Whom?*” project funded by Social Sciences and Humanities Research Council. The interview guide involved questions that were asked to elicit reflective, subject-related answers within a transparent and responsive context (Hays & Singh, 2012) (*See Appendix B*).

Semi-structured interviews consist of several key questions that help to define the areas to be explored, but also allows the interviewer or interviewee to diverge, to pursue an idea or response in more detail (Gill et al., 2008). The strength of this method is that it will allow honest answers based on real experiences and perceptions, thus allowing a more interactive process of collecting data (Creswell, 2013). It provides the researcher with an opportunity to probe for new paths, views and opinions of the participants, again based on the responses to the initial questions (DePoy & Gitlin, 2011). Probing, follow-up questions and paraphrasing were utilized to gain a comprehensive understanding of the phenomenon being investigated.

All interviews were conducted in English by the researcher. Three participants requested to answer in Tagalog (Filipino language), their reason being that they can express themselves better speaking Tagalog than English. In these cases, a family member who was bilingual, fluent in the use of English and Filipino language translated to the researcher in English. The interviews were audio-recorded, and each lasted between 15 to 30 minutes. All raw interview data was subsequently transcribed verbatim using Microsoft Word 2016 software. All data were read, re-read and then coded by the researcher using NVivo qualitative analysis software.

3.6 Participants

The fifteen older Filipino adults interviewed comprised 12 women and three men. Seven of the participants were aged between 55-60 years old, four were aged between 61-70 years old and three were aged between 71-80 years old. However, one participant (female) did not feel comfortable disclosing her age, but indicated she met the age requirement to participate. At the time of the interview, one participant had lived in Saskatoon for 26 years; eight had been living in Saskatoon for more than five years, and six participants had been living in Saskatoon for 11-15 years. Four of the participants had immigrated to Canada in their early and mid-20s and nine had migrated to Canada in their late-40s through the Saskatchewan Immigration Nominee Program (SINP), and the last two migrated in their late-60s to Canada through family sponsorship.

Women make up a substantial proportion of the Filipino community. This statement is especially true of women in their prime working years. According to the 2016 population census, most Filipino-Canadians are women who make up 65% of the population; Filipino women in Canada (468,015) outnumber men (369,105). Filipino women also outnumber Filipino men across all 13 provinces and territories of Canada.

These statistics were evident in this research; most of the participants were female as more females were also willing to participate. In avoiding gender-biased research during the data collection, the researcher deliberately tried to find male participants, but this was not easy because most of the referrals were from female participants who referred the researcher to other female potential participants. Some female participants referred the researcher to a few males, who upon calling, was told they had gone back home to the Philippines to settle.

A difference observed between the male and female participants is that, unlike the females who were better at speaking English language, the men were poor at communicating in English language. Again, the majority of the female participants came in through the Live-In Care Giver Program that is part of the SINP.

3.7 Study rigour

3.7.1 Credibility

The study's authenticity was addressed by making every effort to capture participants' perspectives in their own words (Patton, 1990). Member checking (Koch, 1996), having participants confirm that interpretation of the findings reflected their perceptions and experiences, was done to promote data authenticity. The credibility of findings was ensured through audio-recording and transcribing verbatim each interview to ensure accuracy.

3.7.2 Transferability

The results and understandings that have emerged will be applicable to other older adults, health professionals, researchers of ageing, community developers, policymakers, and the ageing field as a whole. The insights and implications highlighted in this study may help inform age-friendly development and future studies in gerontology and ethno-gerontology. Transferability is defined as the applicability of findings to other similar individuals, situations and places. By attaining detailed descriptions of human experience, this transferability is made possible (Lincoln & Guba, 1998). Therefore, it is expected that the results found from this study will, similarly, be transferable to broader contexts.

3.7.3 Limitations

The current study was limited to a small sample size in a metropolitan area. The sampling and recruitment strategy could be strengthened beyond churches and the university environment. The sample size was also limited due to the outbreak of COVID-19 while this research was in progress preventing face-to-face interaction of the research and potential participants. Participants whose expressions were translated by family members could have been changed a bit when translating from Tagalog to English language. Another limitation was in the use of snowball sampling, where while this method might have helped obtain the number of participants desired, the way participants were gathered can easily influence the results. Most participants were generally from the same geographical location, which may translate to them having the same socio-economic statuses. Any of these factors might have an impact on what the study is investigating.

3.8 Data analysis

An inductive thematic process was undertaken to identify patterns of meaning (Braun & Clarke, 2006). This method of analysis is aimed at qualitative data to provide an “accessible and flexible approach” (Braun & Clarke, 2006, p. 77), which provides a straightforward step-by-step process for this study which is underpinned by a phenomenology approach.

Thematic analysis was utilized to identify patterns “within and across” interview data about the participants’ experiences, views and perspectives (Terry et al., 2017, p. 297). The analytical process began by identifying patterns of expressions used by Filipino older adults that cut across a majority of participants and were critical to the research question and then attaching meaning to these while moving toward identifying implied constructs that were articulated by the participants. This process is also known as Coding. Coding is one of the methods for creating analytic files and

documenting and validating data across all members of the research team. It is a process of assigning codes, words or phrases that identify to which topics or issues portions of the data refer, and organizing the data in a way that is useful for further analysis (Bailey, 2007) (See *Appendix C*).

Using Braun and Clarke (2006) analytical framework, the technical process of data analysis involved transcription of data, re-reading the transcripts, capturing the essential features of the data (developing a preliminary coding scheme) and identifying patterned responses or themes across the collected data. The research then reviewed provisional themes and discussions that enabled the further refinement of coding and analysis until the salient patterns that were repeated across and within the transcripts were identified and agreed upon (Braun & Clarke 2006). Guided by a phenomenological approach, NVivo qualitative data analysis software was used for coding and thematic analysis of the interviews to identify common themes and evaluate the key features of an age-friendly community identified by older Filipino adults. NVivo software program is valued for its adequate qualitative data management capacity and flexibility to modify coding schemes as data analysis evolves.

3.9 Conclusion

The methods and methodology of this study are fundamental to the deeper understanding of the social, physical, economic and cultural experiences of Saskatoon's Filipino-Canadian older adults, which are relevant to the age-friendly cities development. The purpose of this research was to understand and interpret the views of Saskatoon Filipino-Canadian Older adults in their conceptualization of an age-friendly community. The thesis, therefore, employed a hermeneutic phenomenological approach. This methodology provides an opportunity for researchers to have access to valuable data; rich in meaning and gives an in-depth understanding of people's subjective

experiences (Silverman, 2011). This methodology executes this efficiently in Chapter Four by allowing detailed discussions on Saskatoon Filipino older adult community and their experiences while ageing in Saskatoon.

CHAPTER 4

FINDINGS: SASKATOON'S FILIPINO CANADIAN OLDER ADULT COMMUNITY

4.1 Introduction

This chapter presents the findings and discusses them in the context of academic literature and the WHO age-friendly communities framework used internationally and locally by the Saskatoon Council on Aging. It does this by examining the experiences, expressions and implications of ageing in Saskatoon as a Filipino-Canadian older adult, how this community's needs are being met, and barriers that persist in creating an age-friendly landscape.

There is a conscious need to encourage cultural pluralism at all levels of urban planning. Planners are tasked with the mandate to help bridge social and cultural barriers, hence enhancing cultural pluralism. Therefore, an analysis of age-friendly initiatives' capacity in Saskatoon to meet a visible minority group "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white" (Mentzer, 2002, p.41; Canada's Employment Equity Act 1986) such as the Filipino community, begins with understanding this community. Factors such as culture, socio-economic status, history, physical environment, civic participation, immigration, among others, create a unique environment within which the Filipino older adult community experiences ageing in Saskatoon.

4.2 A Growing Filipino Community in Canada

Canadians of Filipino origin (Filipino- Canadians) make up one of Canada's largest non-European ethnic groups. According to the 2016 Census by Statistics Canada, it was also revealed for

Saskatoon that the largest visible minority population are that of South Asian, making up 26.07 percent of the total visible minority population. The second-largest group, however, is the Filipino, making up 22.75 percent. Following Filipino is Chinese, which is 16.73 percent of the visible minority population. The number of people belonging to a visible minority group as defined by the Canada Employment Equity Act, meaning the visible minority group to which the person belongs, is defined as “persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour” (Mentzer, 2002, p.14). The visible minority population consists mainly of the following groups: South Asian, Chinese, Black, Filipino, Latin America, Arab, Southeast Asian, West Asian Korean and Japanese (Statistics Canada, 2021).

Saskatoon is one of the fastest-growing places in Canada, according to a recent report by Statistics Canada (2020), with permanent and temporary immigration as a continuous driver of population growth. With the growing numbers confirmed by Statistics Canada, in support of this, a projection by the City of Saskatoon and the Saskatoon Census Metropolitan Area (CMA) Population projection over 2015 to 2025 estimated net positive migration as a driving force behind the population growth of Saskatoon. It is no surprise that Filipino ethnicity was recorded as topping the most recent immigrants in Canada in 2016. This observation from the findings was supported by participants who mentioned the large numbers of Filipinos in Saskatoon.

“ ... Saskatoon is a good place for the Filipino community as far as I am concerned, we have a big number of Filipinos in Saskatoon, and we have a lot of churches; most of the Filipino people are religious people so, they are appropriate activities for Filipinos in Saskatoon.”

(Participant 2, Male, 61years old)

“...We have a lot of Filipino numbers here in Saskatoon; most of the people I work with are Filipinos because, if you observe, I am working in the food industry, and we have a lot of Filipino workers in the industry.”

(Participant 12, Female, 61 years old)

In this study, participants cite educational and good quality of life opportunities as among some of the “pull” factors for large migration of Filipinos to Saskatoon. Several participants, however, compared the Filipino-Canadian community in Saskatoon to that of Vancouver, Montréal and Toronto noting a strong preference towards the quality of life and sense of belonging experienced in Saskatoon. Participants also recalled the development of several Filipino owned businesses, including restaurants, grocery stores and daycare homes and more dense communities of Filipino-Canadians, for example the Confederation Park neighbourhood.

“...Well, coming from the Philippines, there are good reasons why any Filipino will come here. The free healthcare is a good thing here because in the Philippines where I come from, we pay for our own health expenses from OPD [Outpatient Department] including the doctors, medicines and laboratory”. Coming to Saskatoon you can get quality doctors and services.”

(Participant 12, Female, 61 years old)

“...Saskatoon is better than most of these big cities like Toronto, it’s very expensive to buy a house there and it’s also overcrowded, the houses in Saskatoon is better is prices and the Filipino people here are helpful.”

(Participant 3, Male, 57 years old)

Gu (2006) states that the more privileged status of Western culture, and educational opportunities in particular, is a “pull” factor that attracts immigrants to emigrate to North America. Large metropolitan centers like Vancouver, Toronto and Montréal maintain well established numbers in high minority numbers (Lu & Zong 2017). Saskatoon is one of the of the prairies cities to experience growth of influx of newcomers. In the 2016 population census report, Toronto, Vancouver and Montréal are still the place of residence of over half of all immigrants and recent immigrants to Canada. However, more recent immigrants were settling in the Prairies and in the Atlantic provinces. Saskatoon, Regina, Winnipeg, Calgary and Edmonton were the place of residence where most recent immigrants are immigrating to, that is almost twice that of each census metropolitan areas share of the total population in Canada. Several factors that explained changes in the geographic distribution of new immigrants in Saskatoon included for example the large number of immigrants under the Provincial and Territorial Nominee Program and additionally many people chose to settle in Saskatoon because they were seeking for an established community from home, which Saskatoon provided.

When we look at the population growth and the age distribution of the population of Saskatoon, immigration statistics, this observation becomes more significant. It is evident that not only is there a large recent Filipino community in Saskatoon and around Canada, but the Filipino-Canadian community in Saskatoon have unique ageing experiences as a result of immigration. This experience is significant in broader city-wide and age-friendly planning. Social and economic characteristics such as healthcare and housing services of the community can be better planned since immigration plays a major factor in older adults’ lives. It is, therefore essential to know some of the dynamics that are shaping the growth and age distribution of the city, such that minority groups can participate fully in the dominant society yet maintain their cultural differences.

4.2.1 Background of Filipino Migration to Canada

Most Filipino migration to Canada has occurred since the late-1960s after Canadian immigration practices were shifted from explicitly racial criteria to a point system geared to employment needs. As discussed in Chapter Three, most Filipino migrants were women. Through the late 1960s and 1970s, many nurses were recruited to Canada (almost one in four nurses admitted to Canada during this period came from the Philippines (Chen, 1998 as cited in Pratt, 2004). They were followed in the mid-1970s by large numbers of garment workers and by family members who could now enter through new family reunification policies. From the mid-1980s, onward nurses were no longer sought, and increasing numbers of women were admitted to Canada as live-in domestic workers. Between 1990 and 1994, for instance, almost 42 percent of Filipinos who became landed immigrants entered Canada through what is now called the Live-in Caregiver Program (McKay and Philippine Women Centre, 2002).

“...I came here in 1994 as a health care worker, under the Live-In Caregiver Program, so they offered that for the nurses in the Philippines I was 23 years old, I was a nurse in the Philippines, and I worked for two years only there and then they offered me this opportunity to babysit children.”

(Participant 13, Female, 55 years old)

“...I came here since 1997 but under the Live-In Caregiver program that is a private firm. The details were that I had to take my two-year contract for that employer before I get my residency and, in that residency, one of the benefits as a caregiver is that you can take your family (All your family members) here. That is why they are here now.”

(Participant 7, Female, 65 years old)

This history suggests that women have initiated a considerable amount of migration to Canada from the Philippines. This evidence supports literature on immigrant women's vulnerability to mental stress especially when migrating at an older age. For example, a contrast between traditional and modern values may emerge when individuals attempt to position their self-understanding, beliefs and behavior (Gu, 2010). Furthermore, the study participants showed strong determination to integrate into the mainstream, which they believed would bring them and their children better quality of life in Canada. Some participants pointed out that most of them migrated to Saskatoon as skilled nurses in the Philippines, but their certificates were not treated as such.

"...I would like to tell the Saskatoon Mayor that we have an immigrant population here in Canada, especially Saskatoon; I wish with a lot of Filipinos that are coming that their education is honoured, that a Nurse certificate in the Philippines should be regarded as a Nurse certificate here."

(Participant 2, Male, 61 years old)

"...For me, moving from the Philippines as a Nurse and till today my Nursing Certificate is not recognized, is an issue. It's the same for the young ones, the Mayor should look at this, we are well trained in the Philippines, but to practise here as a qualified Nurse, you need to go back to school again, or you have to continue as a Care aide."

(Participant 7, Female, 65 years old)

"...I was a qualified Philippine Nurse; I came here in 1993, and after my contract, I realized I could not practice in the health field anymore because my Philippines certificate is different here, and I have to learn English too."

(Participant 6, Female, 67 years old)

This evidence highlights the channels through which these older adults immigrated to Canada, but it also highlights some of the challenges they face even as skilled workers. Barriers such as lack of English language skills and unrecognized qualifications keep them out of jobs for which they are qualified. From the findings, it was evident that these participants may have had stable occupations or have attained higher education before migrating to Canada, yet they still faced numerous difficulties. They were living with the option of falling back to low cadre jobs as a way of survival in Saskatoon. In the long run, the findings have shown that the challenge of having unrecognized certificates has had an effect on their socio-economic status as older adults, level of resources, choice of neighbourhood and social participation to some extent till the present day.

4.3 Low income and Low Socio-economic Status (SES) among older Filipino older adults

Research indicates that socio-economic status is a key factor in determining the quality of life of older persons, children's and women, especially (Du & Meyer, 2008). The Canadian state sometimes represents Filipinos as "model minorities": hardworking and economically productive (Laquian, 2018). In Statistics Canada (2001) profile on "Visible Minorities in Canada," for instance, Filipinos are distinguished for their relatively low rates of unemployment and poverty. With just 24% of Filipinos living with low incomes," Filipinos are represented as being "at the other end of the scale" from "Blacks, Koreans and Southeast Asians," roughly half of whom have low incomes. Filipinos were clustered in the narrowest range of occupations, including nursing, lower level "medical other," clerical, housekeeping, nanny and childcare. Men experienced a high occupational segregation rate and were clustered in some of the same occupations as the Filipino women, including janitorial, clerical and factory work.

"...If you ask anybody about the Filipino people, they would say to you just one word: that is hardworking."

(Participant 15, Female, 55 years old).

According to (Picot & Lu 2017), in their paper studying the chronic low income among immigrants in Canada and its communities, in their analysis, they used characteristics such as gender, family type, education level at landing, place of birth, official language at landing, and geographic location in Canada. With the age difference characteristics, they found that immigrants over the age of 65 had the highest rates of chronic low income in 2012, at around 30%, which was roughly three times higher than the rate among immigrants aged 25 to 54. Among immigrant seniors in Canada for 5 to 10 years, over one-half (56%) were in chronic poverty in 2012. This is in sharp contrast to the older population in the comparison group (mainly the Canadian-born), who displayed the lowest regular low-income rate of all age groups, at only 1.9%.

However, from the research, participants expressed their struggles to make ends meet and how they have to pick up several jobs to survive. From the findings, all but two older adults were doing some form of work; these two older were not working because he was a nanny for his eldest daughter, and he was being cared for by his daughter. The other participant had just retired from babysitting and planned to start up a daycare centre. All other participants were doing some form of work at an older age. Some were working in cafés such as Tim Hortons, others did janitorial work, factory work, and babysitting, confirming Newbold (2009) who stipulates that immigrants often face economic problems that include restricted employment opportunities, that involve low-skilled work and low pay. One of the important things about their work was that most of these older adults picked up a second or third job to support themselves and their families back home in the Philippines. This evidence correlates with Gu (2010), who researched on immigrant South Asian women, the research stipulated that several female immigrant women were overwhelmed

because of their double shifts, hence their vulnerability to mental stress. Similarly, in this research, no male participant made mention of taking a double shift; only female participants made comments about their double shift struggles. For some, looking old and frail cannot be a deterrent; they have to work to survive.

“...As for me, based on my experience, the rental of the house is like half of my income, and almost all my income goes to the rent that is excluding the utilities, so that is why we are struggling, a little big struggle we are having right now because as a starter you have to have a car also. Only one car, it goes through like five years to pay especially when it is brand new. I have to pay the utilities, the house rent and also groceries and my husband is also working, he pays for the car, like, part of the groceries and insurances. So, I have to work more.”

(Participant 6, Female, 67 years old)

“...I have two jobs; one in the day that is Tim Hortons and the other at night (I work as a janitor at St. Paul’s Hospital); we come here not just for ourselves but to be able to support our families back home, [sobs]. Life is not easy here as some people think.”

(Participant 15, Female, 65 years old)

“... I am doing two jobs and the house [Babysitting house] is just 10 minutes away from my house. I am thinking of buying a car because I am getting weaker, but my money is not even enough for my food”.

(Participant 11, Female, 77 years old)

Picot and Lu (2017) also added from their research that the result for the Canadian-born is not surprising since Canadian seniors have displayed the lowest low-income rates of any age group for many years. In the characteristics listed above, the regular low-income rate among immigrant seniors remained 3.6 times higher than that among comparable immigrants aged 25 to 34. In this

section, it is evident that even though Filipinos are seen as ‘model minorities’ by some people, the average Filipino older adult in Saskatoon is faced with challenges such as paying rent, affording a car and sending home remittances. Hence, participants are compelled to take on second and third jobs to earn a living, confirming Picot and Lu (2017) research of chronic low income among immigrant seniors. A chronic low income, educational attainment and poverty is a factor of a low socioeconomic status in society. A low socio-economic status ultimately affects our society. Therefore, a society like Saskatoon can benefit from an increased focus on the foundations of socioeconomic inequities and efforts to reduce the deep gaps in socioeconomic status in Saskatoon and Canada as a whole.

4.5 Saskatoon Confederation Park as a growing settlement area for Filipino-Canadian older adults

Given Saskatoon’s growing Filipino population, the Confederation Park neighbourhood, which is located on the west side of the city, includes the city’s largest Filipino concentration. Census information from 2016 included in the City of Saskatoon’s 2017 neighbourhood profiles shows Tagalog now ranks behind English as the second most common mother tongue in Saskatoon. The 2016 census revealed that the Confederation park neighbourhood had a greatest diversity, with English as the top language in Saskatoon and Tagalog as the second most spoken language in Confederation Park neighbourhood.

“In Canada, we may live in a multi-cultural society, but the evidence suggests that fewer and fewer of us are living in a multi-cultural neighbourhood, we have allowed [our society] to slide into self-segregated communities isolated along ethnic lines”.

Allan Gregg (quoted in Jewab and Hardwick, 2012, p 248)

This quote from Allan Gregg asserts that the number and significance of ethnic spatial concentrations are growing. Evidence from the research confirms this argument. All but two participants in the research live in Confederation Park. One of these participants lived in the Stonebridge neighbourhood at the time of the interview, but she explained that she had just moved to her Stonebridge house after staying at Confederation Park neighbourhood for ten years; she only moved to Stonebridge because she had just remarried to a spouse, who already lived in the Stonebridge house she was in presently.

“...I have lived at my current address for four years when we first came here, we lived in our aunt and uncle house for almost one year because our finances could not afford rent, and after we left there, we lived in an apartment for one year and later had to downgrade to a basement at Mowat Crescent, and we have lived here till now.”

(Participant 14, Female, 55 years old)

Other participants mentioned they were at the west side (Confederation Park) because the neighbourhood offered them affordable rent, and the neighbourhood had a Catholic church that hosted many Filipinos on Sundays and therefore allowed them to interact with other Filipinos. This experience is consistent with existing research suggesting the importance of spatially proximate communities in promoting ease of newcomer integration and settlement within their host community (Chau & Lai, 2010).

“...It’s really hard to rent, especially if you want your own place because sometimes you need to share with more than one people, that is all. Rent in the westside is cheaper, and you can still get a bigger space with the same amount.”

(Participant 9, Female, 60 years old).

“... I lived there [Confederation Park] until my son was 20 years old because that is the only area, I am able to pay my rent and take care of my son. I just moved to Stonebridge because my new husband has his house here. But many immigrants or those who are from the Philippines rent at the west side because renting a house in areas like Stonebridge you should have money.”

(Participant 13, Female, 55 years old).

The findings are also consistent with Kazemipur and Halli (2010), who emphasize constraint, that groups congregate in low-cost locations because they cannot afford to live elsewhere, and Hou (2006), who emphasizes choice, that groups reside in concentrated patterns due to a desire to retain cultural traditions or a fear of outside influences. Reasons including; religious affiliations (the Catholic Church), a sense of belonging to the Filipino community, and low-income were the reasons most participants lived in the Confederation Park neighbourhood of Saskatoon. In contrast to the findings, in a 2017 research study conducted in Edmonton, Alberta, the research showed that low-income immigrants and refugees between the ages of 55 and 92 would prefer to live within walking distance to grocery stores, pharmacies, medical clinics, amenities, and social activities in their community. Furthermore, they did not want to live near a commercial area, an industrial area or bars as they would not feel safe. Several also mentioned a willingness to live near a shopping mall to help them stay mobile (Keenan, 2017).

For Filipino older adults, most of them chose to live in this neighbourhood mainly because of affordable rent and a sense of belonging that is experienced through their Catholic faith (Sunday Mass) other than for accessibility reasons. For generations, newcomers have carved out co-ethnic spaces in cities and then dispersed overtime. Allan Gregg (2015) believes a tipping point has been

reached and that the growing degree of ethnic segregation in Canadian cities is generating isolation among people of different ethnic backgrounds. He indicated a concern that this could damage social relations in Canada. The perceived impact of a visible minority and immigrant enclaves on social cohesion has become particularly charged in Europe, where commentators have linked race riots in the United Kingdom and France to the effects of segregated urban environments characterized by social isolation or “parallel lives” (Haddad and Balz, 2006). Those on the political right see concentrated visible minority and immigrant neighbourhoods as the result of deliberate choices made by their inhabitants to embrace cultural isolation, while progressive critics believe segregation is a response to racism and economic marginalization.

From this evidence, growing visible minority enclaves is a concern for researchers and policymakers both in Canada and worldwide. Confederation Park area has remained a favourable settlement or neighbourhood for Filipinos. This area harbours a considerable number of Filipino families. Evidence of the Filipino community’s growth in the Confederation Park neighbourhood has given rise to Filipino businesses such as Cafes, Filipino ethnic grocery stores and restaurants. Confederation Park neighbourhood harbours the biggest Filipino grocery store and Restaurant in Saskatoon (Global Pinoy Food Store and Caesar’s Cakes and Café). The research revealed that most older adults stayed on the west side of Saskatoon because the Confederation Park neighbourhood affords cheaper rent when compared to other neighbourhoods. Thus, affordability is a significant factor influencing where Filipino older adults live and their quality of life. Housing, one of the domains of the WHO age-friendly community guide, is expressed as an important need in the healthy ageing of Filipino older adults living in Saskatoon. Therefore, housing and rental laws and policies must be made with this group in mind, allowing older adults to age independently, comfortably, and safely within the community.

4.6 Reasons for social and cultural isolation among Saskatoon Filipino-Canadian older adults

Social isolation is a fundamental concern for age-friendly policymakers, as social and community relations have shown important consequences for older adults' health and wellbeing (WHO, 2007). A variety of reasons stand to affect the degree of community inclusion faced by Filipino-Canadian older adults: lack of social participation, language, immigration and lifestyle.

4.6.1 Social participation

Evident in the research, there was a strong echo of isolation from participants; participants experienced isolation in two ways. From the data, participants were categorized into two types; those who migrated at a younger age and those who migrated at an older age. Older adults who migrated at a younger age to Canada experienced better social participation, such as being invited by friends and families in the church for dinners and other social occasions. In contrast to the former group is the other group of older adults who migrated at about the age of 40 or later in life. Participants explained they had to work towards their retirement hence did not have the time to make friends and acquaintances and engage in social activities or organizations, especially outside of the Filipino community and thus felt isolated from the bigger Saskatoon community.

“...When I came here [Saskatoon] in 1994, I worked as a live-in care Nanny, after my contract ended, I worked at the factory and later worked in the health sector, I made lots of friends till today we still keep in touch. Some of my friends we used to sing together at Canadian singing shows. Now we sometimes have dinner together.”

(Participant 13, Female, 55 years old)

“... I came here [Saskatoon] looking for a new life; I was living in the Philippines as a restaurant manager, so I saw an opening to work in like fast food here in Tim Hortons so I applied, but I did not know life will be this packed, look I work all days in a week how will I get time for friends? I don't even have them; I just talk with my colleagues at work.”

(Participant 8, Female, 55 years old)

This finding is similar to an assertion by Statistics Canada (2006) that feelings of social isolation among Canadian immigrant older adults have shown correlations with low levels of community involvement and volunteering. Similar findings of social isolation and loneliness experienced by late-life immigrants have been reported in other studies (Wright-St Clair et al., 2017). Social engagement and community involvement are regarded as the main pillars of one's dignified and well-being ageing capacity (WHO, 2007). Collaborative efforts to encourage and motivate older adults to participate can make the difference between participation and isolation.

4.6.2 Language and cultural barriers to social participation

Participants also expressed language as a barrier to their social participation. Some participants explained that their command of the English language was poor and did not encourage them to make friends or interact with people outside the Filipino community or partake in social organizations. My research also found that participant's fluency in English was directly influenced by their time spent in Canada. Participants who migrated to Canada earlier in their lives, within their mid- and late-twenties, expressed that there were better at communicating in English at the time of the research than when they first migrated to Canada. Thus, an early migration in their lives helped them develop their English proficiency in the sense that they had ample time to learn and speak English and adapt to the Canadian culture, which means they can communicate better and make friends alongside their work.

“...I don’t speak fluent English; my employer was the one who helped me with my speaking of English twenty years ago; I used to go to the library, she asked me to learn Canadian English during my spare time.”

(Participant 13, Female, 55 years old)

“...I wish we had the freedom to speak Tagalog to everyone; Sometimes I can’t speak properly if the person cannot speak Tagalog, I am still learning.”

(Participant 8, Female, 55 years old)

“...I used to work at a baking shop when I first came to Canada, the every speaking to customers and my work colleagues everyday helped me polish [improve] my English.”

(Participant 4, Female, 72 years old)

Similarly, several studies have identified that the perception of being excluded because of language and cultural barriers limited participation in community activities (Kim et al., 2013; Park and Kim 2013); further stipulation has come from (Heikkinen, 2011) that older immigrants face the combined challenge of not only growing older but having to adapt to new language and environment. Another study (Bouchard et al., 2009) based on the Canadian Community Health Survey (CCHS) reported that limited language proficiency in a linguistic minority situation was associated with poorer self-reported health.

Furthermore, participants who had difficulty expressing themselves in the English language explained that they were not always motivated to communicate with others, especially outside of the Filipino community. They also avoided participating in volunteering activities and social activities whenever they heard about this kind of activity for fear of being ridiculed.

“...I usually avoid going to Canadian older adult programs because you will have to speak English to everyone; I feel shy, because sometimes at the fast-food restaurant where I work (Tim Hortons), you can miss an order because you do not understand them properly and they [customers] get frustrated at you.”

(Participant 5, Female, 55 years)

From the findings, language is an essential variable to social participation for Filipino older adults. Thus, the study indicates a lower level of involvement in Saskatoon older adults initiatives by the Filipino older adults' community due to language proficiency; speaking fluent English is seen as a motivating factor for Filipino older adults to communicate and interact with others especially outside of the Filipino. This evidence suggests that the benefits of acquiring official language skills may not influence the social and economic factors of ageing of Filipino older adults but may also be associated with the maintenance of health.

4.6.3 Lack of means of personal transportation

Lacking a means of personal transport, especially during the winter periods, was a deterrent of social participation for some older adults; Filipino older adults explained that the only place they would interact with others was the Catholic Church. Especially during the winter months, it is difficult to get to church and other places in Saskatoon because of the cold winter condition and that the buses are not on time, and they usually have to wait for minutes, putting themselves at risk of pneumonia and cold. Some also addressed the fact that the distance from their houses to the bus was quite a walk, and they would get sprains from tripping on the snow, which reduces their social participation, especially during the winter months.

“... We used to have a small bible group in church where we would give our testimonies in church, inspiring and listening to other people, but now I don’t go because I fell in the snow last week, and I am treating it. It’s the city bus I take there [church].”

(Participant 12, Female, 60 years old)

It is evident that natural weather conditions such as winter combined with transport deficiency were a hindrance for most Filipino older adults’ social participation and mobility. Research by Jones et al., (2017) has confirmed that winter conditions may negatively influence older adults’ participation in their daily physical activity. Furthermore, Hjorthol (2013) confirms that older people’s activity level decreases during the winter season, adding that winter weather and poor road maintenance create more problems for older adults. This evidence resonates with Hess (2009) who stipulated that when older adults have inadequate access to transportation, they tend to experience lower physical activity levels, reduced social participation, and greater health risks. A similar opinion has come from Peel et al. (2002), who noted that older adults experience poorer quality of life when access to transportation is limited. Also, a lower personal automobile accessibility and public transit accessibility significantly affects transport deficiency. Earlier in the study, it was established that Filipino older adults were at a low socio-economic status by having lower incomes; hence, they are more likely to experience a lack of transportation from this expression. A substantive focus should be given to how to give transportation aid to older Filipino adults.

4.6.4 Ageing and weakness

Closely linked to falls and slips during the winter months, participants mentioned they were becoming weaker as they aged and preferred resting and not participating in social activities

whenever they did not have to go to work. Furthermore, they preferred staying at home, especially during the wintertime because of the cold weather and preventing slips and falling on the snow.

“...Me and my wife only attend mass [church], and we do not attend any outside organizations because I have a problem with my knee; at first, we used to attend a lot of programs and organizations.”

(Participant 1, Male, 77 years old)

A similar finding by Bunn et al. (2008) in reviewing older people's barriers to social participation noted that poor health and functioning ability, poor self-efficacy and low health expectations are some of the challenges older adults reported hindering their participation in social activities. Staying at home can result in social isolation, especially for immigrant older adults who are already battling other challenges such as language barriers. Poor health can intensify the marginalization of older people. Therefore, in reducing old-age social exclusion, social integration and intergenerational programs should be developed to make Saskatoon a more age-friendly community.

4.6.5 Low socio-economic status

From the findings, it was evident that the low socio-economic status of Filipino older adults hindered their level of social participation. Similar to this finding has come from Fleury (2007), recent immigrants are more likely to live in poverty, partially because of the time required to re-establish themselves economically and socially in the country of resettlement. Socio-economic status can also be a great concern for immigrant older adults because older because in Canada, seniors have to have been in Canada at least 10 years (after the age 18) to qualify for partial old age security benefits, therefore many immigrant older adults will not qualify (Ahmed et al., 2016). Participants expressed low social participation due to low-income. The majority of participants

expressed that they worked lots of shift jobs; hence they do not get the time to participate in social activities like others and thus were socially excluded from the church activities and other Filipino-Canadian association activities organized.

“... I have two jobs that way I can pay for my rent and groceries, I have to choose between fun and my retirement. Sometimes I wish I can go for programs, but after work, I am so tired, so I just rest and go to work again.”

(Participant 8, Female, 55 years old)

Ageing visible minority face several challenges in Canada, and socio-economic barriers is one of the primary challenges. Similar to this evidence has come from Fokema and Naderi (2013), who highlighted that social isolation is more prevalent among immigrants than their native counterparts, which is entirely attributable to their lower socio-economic status and poorer health. The Filipino-Canadian Association (FILCAS), during times of the year, organize social occasions for the both Filipino and Canadian community. From the study, participants are not able to afford these occasions and more similar older adults' activities in the community, thus a barrier for most older adults' social participation. Participants also felt excluded from the church due to their work shift. Working for financial reasons had a toll on participants' participation in the Church. Faith organizations or groups act as a basic form of community support for some older adults, as stipulated by Martin-Matthews et al. (2013).

4.7 Experiences of discrimination and racism among Saskatoon's Filipino-Canadian older adults

4.7.1 Racial microaggressions

Some participants perceived themselves as targets of discriminatory behaviours, acts, and practices, highlighted from the findings. Four participants indicated that they had experienced discrimination or unfair treatment based on their ethnicity, race and language while living in Saskatoon. These older adults explained that these discriminatory and racist acts mostly commented on their language, race, and skin colour and said that workplace discrimination and racist comments had occurred. These acts were predominantly racial microaggressions. Racial microaggressions are subtle forms of verbal and behavioural discrimination towards people of colour (Nadal et al., 2012).

“...For discrimination or bullying here [Saskatoon], is it happened to me that, one time when I was driving a truck, two guys walked up to me and said to me, “you came to Canada to drive a truck.” I told my friends and my family about that.”

(Participant 2, Male, 61 years old)

“...Personal to me is when I was working at Tim Hortons, maybe I said, “how do you like your coffee, he said brown,” happened to me twice, but my co-worker said, “aww, I’ll take that order.”

(Participant 8, Female, 55 years old)

“...When I was working in the health service, they would not give me shifts because I could not speak English fluently like the other nurses who grew up from here.”

(Participant 13, Female, 56 years old)

“...Sometimes at my workplace if you make a mistake with someone’s order sometimes, they can tell you have an accent.”

(Participant 12, Female, 60 years old)

Discrimination may be defined as intentional or unintentional acts that draw an unfair or injurious distinction and have effects favourable to in-groups and hostile to out-groups (Jackson, Brown, & Kirby, 1998). Participants explained that they always shared their experiences with family; no participant reported their experiences to a disciplinary authority or a higher authority.

From the data, discrimination against Filipino older adults is considered minimal as compared to findings in places such as the United States, where there is a high level of discrimination against Filipino-American adults, which often lead to poor health outcomes such as depression and high blood pressure (de Castro et al., 2008; Nadal et al., 2012). In contrast to this finding, however, Canada’s visible minority group with a long history and much literature on racism and economic marginalization in Canada has been the Chinese community. This has come from scholars (Anderson, 1991; Zong & Perry, 2011; Wang et al., 2012) who have written about discrimination and visible segregation within the Chinese Canadian community. In contrast with these findings, discrimination was not so prevalent in Saskatoon other than racial microaggressions experienced by a few participants.

4.8 The meaning of “age-friendly community” for Saskatoon Filipino-Canadian older adults

This topic examines the key findings in the preferences, concerns and barriers that influence Saskatoon’s age-friendly landscape for Filipino older adults 55 and above. The age-friendly features identified in this study generally correspond to the World Health Organization domains

of age-friendly communities. From the findings, it was evident that these domains were inter-related. Thus, the features and barriers cannot be considered separately but rather present a holistic picture of the lives of older Filipino adults living in Saskatoon.

It is important to understand the meaning of “age-friendly” from a senior’s perspective to inform service providers and stakeholders in responding to integrated social, environmental, health and housing needs. According to the WHO the physical and social environments are key determinants of whether people can remain healthy, independent and autonomous as they age. As such, in an AFC, the physical and social aspects of a community are designed to improve older adults’ health and wellbeing.

4.8.1 Safety/security

Concerns about crime and gang-related activities, and home break-ins in the west side and downtown areas of Saskatoon led several participants to feel unsafe in their neighbourhoods and surroundings. Crime activities and gang activities witnessed and reported in the news make most seniors afraid to walk in their neighbourhood, especially at night. Moreover, they fear taking the bus, especially after dark, for fear of being attacked. Participants were concerned about their bus route because from work, they usually transited from the downtown bus terminal, and their last destination is the confederation bus terminal, which is reported as constantly experiencing gang attacks on the west side. These fears are due to news of gang attacks and murders in this area. This finding is concerning as the majority of the participants live on the west side of the city.

“...I live in the west side, where people are involved in drug use; even though I know it is legal, but the intake of these drugs makes these persons act dangerous hence a major concern to me. Security should be intensified in the west side, especially.”

(Participant 15, Female, 55 years old)

“...The crime rate in the westside is higher. I hear it in the news every time, and the police are patrolling everywhere; we always feel scared because we do not really feel safe.”

(Participant 8, Female, 55 years old)

In a 2017 research study conducted in Edmonton, Alberta, the research showed that low-income immigrants and refugees between the ages of 55 and 92 would prefer to live within walking distance to grocery stores, pharmacies, medical clinics, amenities, and social activities in their community. Furthermore, they did not want to live near a commercial area, an industrial area or bars as they would not feel safe. Several also mentioned a willingness to live near a shopping mall to help them stay mobile (Keenan, 2017). Filipino older adults did not enjoy walking in their neighbourhoods because they had security concerns. Similar to this evidence, has come from Van et al. (2012), who indicate that to promote walking for transportation, a neighbourhood should provide good access to well, maintained walking facilities, places for social interaction and additionally, the neighbourhood environment should evoke familiarity and safety from crime.

While some participants felt unsafe in their neighbourhood, others identified positive aspects of their physical and social environment. Participants living in Stonebridge and Lawson Heights neighbourhoods enjoyed recreational and social activities organized by neighbours and the neighbourhood community. Their rapport with neighbours provided participants with social

interaction and volunteering opportunities. Participants described having barbeques with neighbours and going on walks in the community neighbourhood and sometimes offering to receive help from other neighbours in the form of handy works and cooking.

“...Since I moved in here, now me and my husband can go for evening walks, it’s really safe here in Stonebridge, not the west side.”

(Participant 13, Female, 55 years old)

“...Everything is nice in this neighbourhood (Pine house), my neighbours are kind, they invite me for barbeques, and I also bake a cake for them when we have neighbourhood events.”

(Participant 4, Female, 72 years old)

In confirming this finding, volunteering was recognized as essential to promoting older people’s participation in the community in the research that informed the WHO’s age-friendly structure. An essential aspect of age-friendly programmes is creating volunteering opportunities, encouraging older people to become active participants in their communities (WHO, 2007). Participants who lived on the west side of Saskatoon advocated for a safe neighbourhood.

4.8.2 Accessible health services and community support

Ensuring that older adults have access to a broad range of community supports promotes health and well-being and facilitates independent living (WHO, 2007). Significant to the findings, only one participant was aware of programmes supporting older adults, such as the Saskatoon Council of Aging older adults’ programmes. Most participants referred to a group called FILCAS (Filipino-Canadian Association of Saskatoon) with, its headquarters located in downtown Saskatoon in the Drinkle mall. FILCAS is an organization that was established in 1973 to preserve and enhance the Filipino heritage among its members. Within the FILCAS group, a Facebook social media handle

where members of the Filipino community can seek information on matters they do not understand or need help with using the app's Tagalog language version. This was the primary source of information for these participants for accessing older adults' support or information in Saskatoon.

"...When we came here at first it was FILCAS that help us rent our house and settle in; it helpful because they help you in Tagalog, it is on Facebook if you want any information, just ask on the group page."

(Participant 3, Male, 57 years)

Significantly, having access to information enables older adults to manage their health, access good services, deal with finances appropriately, reduces the risk of social exclusion and isolation, facilitates independence, and overall improves the quality of life (Everingham et al., 2009; Gilroy, 2005; Hislop, 2010). From the findings, it was evident that due to language barriers and less social interaction within the Filipino older adults' community, most of these participants were not aware of existing support for older persons, such as the Saskatoon Council of Ageing.

"...I have never been there (Saskatoon Council of Ageing); what do they do? I always ask on the FILICAS group page, and they always answer me."

(Participant 8, Female 55 years old)

In terms of health care participants, appreciated the extensive spectrum of health care services that the Saskatchewan Health Authority provides for older adults, such as primary care, acute care and palliative care. They appreciated the free medical care that the Saskatchewan Health Authority made available to them by just using one's health card; the Saskatchewan health card is a valuable personal identification card that allows one to access free medical care whenever he/she present it for health services.

“...Healthcare is really good because already you don’t need to pay for the hospital bill. If you feel something bad about your health, you just need to go to the hospital, and they treat you immediately; all you need to do is just present your health card, like in my country, you need to wait in a long full line or join long buses before you can go inside the hospital.”

(Participant 12, Female, 60 years old)

However, participants explained they were not happy with the long waiting time and list for medical care whenever they needed it; these were key concerns.

“...Health care is really good, but sometimes, you have to wait for a long time to see the Doctor, one day my husband was sick, and I thought he was going to die because they put us on hold for about 6 hours.”

(Participant 6, Female, 67 years old)

Similarly, among existing age-friendly programs and documents, the availability of accessible, appropriate and affordable health and support services remains a key priority (Saskatoon Council on Aging, 2016; WHO, 2007). Another barrier communicated by participants was the language barrier in communicating their health problems to health officials. Filipino older adults expressed that they found it challenging to communicate to nurses and doctors whenever they visited the hospital. Most participants advocated for the admission of more Tagalog speaking nurses at clinics and hospitals to support them whenever they needed medical attention.

“...The freedom to speak Tagalog, there should be more Nurses that can speak Tagalog so they can understand exactly our health issue.”

(Participant 7, Female, 65 years old)

Moreover, they expressed that they always had to go with someone from their family who was fluent in English to translate what the nurses and doctors had to say to them. Participants found

the fact that they have to rely on family and friends for health appointments disturbing and uncomfortable as the translator from the family mostly had to take the day or sometimes days from work to attend and translate to them what the next step of their medical process was: taking a blood test, going for scans; this barrier was a big concern for many participants.

“...The healthcare I can say is 100% but every time we go, my daughter, or my in-law have to take days off from their work to help us. I do not like disturbing her, but I cannot understand the Doctor properly.”

(Participant 1, Male, 77 years old)

A similar case has been stipulated by De Jong Gierveld, Van der Pas and Keating (2015), who reported that ageing immigrants mostly tend to depend on family members and friends who speak one of the official languages, English or French, to assist them in accessing social and health care services. Joo and Lee (2016) stipulates that immigrants living and aging in a foreign country face many settlement challenges, creating a demand for essential services such as health services. They often underutilize health services and encounter multiple access barriers related to language, culture, health beliefs, cost, availability and socioeconomic status (Thomson et al., 2015).

Medical and social service providers and policymakers may improve the quality of care for these older adults by understanding and addressing these barriers.

4.8.3 Filial piety and health services

Participants highlighted the importance of acknowledging filial piety. A socio-cultural factor that resonated with most participants was that it is seen as culturally inappropriate to be in a senior home or put in a senior home by one's children in Filipino culture. Older Filipino adults culturally expect filial piety from their adult children. Therefore, this group of participants expressed that they were not comfortable with the idea of going to senior homes and that low-income housing

should be made available so their children can afford these houses for them to stay with their families.

“... When I retire, I will like to live with my family. In Filipino culture, we like to live with our family but over here, older adults are sent to older homes, and I don't like that. If your children make you go to an older people's home, it's not good in our culture. In our culture, we don't send our elderly people to home care we normally actually take care of the older people in our family; it doesn't matter where the older person got to go; he goes to one family member and to another family member that's not how we treat our elder we actually keep them.”

(Participation 12, Female, 55 years old)

However, a few participants expressed that they were open to living independently other than their older children for care. Some also considered going back to the Philippines sometime in life, especially when they needed extra age care. Filial piety among the Filipino community is considered to maintain cultural values and heritage within the family system. This finding confirms research done by Lowe et al. (2015), which confirmed that Asian ethnic groups are very diverse and unique to each other. Asian cultures present profound differences with migration destination countries that encompass language, religious beliefs, traditions and values.

Filial piety is a cultural expectation prominent in Asian cultures expressed by adult children providing support to their ageing parents, which is considered both duty and personal entitlement (Liu, Ng, Weatherall, & Loong, 2000). In most Asian cultures, the traditional roles of adult children taking care of their parents at home and co-residence practices are not only cultural expectations but also have spiritual significance and implications for intergenerational luck transference (Ahaddour, Van den Branden, & Broeckeaert, 2018; Yoo & Kim, 2010).

The extended family is a cherished Filipino cultural value, which includes the grandparents as members of the immediate family. Hence, Filipino parents in their 50s and 60s have been sponsored here by their children. Their coming has served two purposes as far as their children are concerned: they provided moral support, and they helped in looking after the home and the children of their married daughters or sons.

4.8.4 Transportation

Most participants responded that they frequently used public transportation (bus). The kneeling bus system was a bus feature that older Filipino adults appreciated. The Saskatoon Transit operates with kneeling buses that are disability-friendly and older-adults friendly. Participants appreciated that the buses are being lowered any time they were taking a bus because they were weak to climb the bus's high door. Again, buses run to many neighbourhoods in Saskatoon. It is easy to get around Saskatoon if needed.

“... About transportation, it is convenient, it is very easy to take a bus, the drivers are accommodating especially our age. They are helpful, just go on time, and you will take a bus. The bus usually goes down so we can walk in safely even if you are disabled.”

(Participant 1, Male, 77 years old)

“...Transport in Saskatoon is very accessible and easy to ride the bus; you can ride anywhere; you can just connect it anywhere. You can use your ticket in an hour and a half if you are transiting, which is good too.”

(Participant 15, Female 55 years old)

However, participants frequently cited various safety reasons they were concerned with during their bus rides (fear of attack by gangsters at the west side bus terminal, drug use and murder

news). Most participants expressed that they were concerned about the frequent news of gang violence and drug use in the west side, yet they were still living on the west side due to low-income status and affordable rent offered at the west side.

“... The bus system should be worked on in terms of times the buses operate again; I live in the west side, where people are involved in drug use; even though I know it is legal, but the intake of these drugs makes these persons act dangerous hence a major concern to me. Security should be intensified in the west side, especially.”

(Participant 15, Female, 55 years old)

Furthermore, access barriers (such as inaccessible and poor-quality sidewalks and bus stops, overcrowded buses, especially during the winter) were expressed by participants. Several suggestions to improve transportation options in the city, including expanding transportation services such as train systems and establishing bus stops in some city areas, were expressed by participants.

“...For transport, it is also just to improve Saskatoon’s transport system because we are bigger, and the facilities should be bigger because some bus stops are not established. They should bring big buses.”

(Participant 2, Male, 61 years old)

Resonating with the findings is research that has come from (Hess et al., 2004). They stipulate that the decision to ride public transit is influenced by a complex set of abilities and circumstances, including the availability of alternatives, cost of service, safety in getting from origin to stop and stop destination, travel barriers along pedestrian paths, and other factors. O’Gara (2002) has stipulated that when older adults are hampered by access to transportation, they often see the accessible areas for activities like shopping and socializing ‘shrink.’ Conventional wisdom

suggests that if older adults do not drive or are not driven by others, they will use other modes of transportation, riding transit and walking, more frequently. From the study, an effective and easy-to-use transit system is an important ingredient for creating an age-friendly community and convenient access to transit stops, and stations make transit attractive to especially older adults.

4.8.5 Housing

Participants identified housing as an essential component of age-friendly communities. All participants in the research emphasized that housing is an important feature of an age-friendly community; most participants commented on the affordability of housing in Saskatoon. According to participants, age-friendly communities require a range of housing options to accommodate older adults' diverse needs. The availability of affordable and accessible housing was important for these older adults, similarly to the Saskatoon age-friendly initiative focus; the availability, accessibility and appropriateness of housing for older adults remains a central focus of age-friendly initiatives, both in the Canadian prairies and around the world. The increasing cost of homeownership, concerns surrounding the appropriateness of given housing to meet the changing needs of older adults, and the opportunity to access these desired housing models remain central age-friendly concerns (Saskatoon Council on Aging, 2016).

“...Buying a house is better for families, but it's not easy because you have to take many loans for the payments.”

(Participant 15, Female, 55 years old)

“...Maybe the city can put small townhouses that Filipino people can easily buy a house especially for low-income people like us (first they can start by offering out the place for rent and later you can own the

place), it's really hard to rent, especially if you want your place because sometimes you need to share with more than one people, that is all."

(Participant 3, Male, 57 years old)

However, some participants expressed frustrations with long waiting lists for low-income housing, lack of affordable housing options and high rent rates in Saskatoon.

"... We applied to buy a house when we heard of the housing options, it's been 10 years now, and we have not heard anything about it."

(Participant 2, Male, 61 years old)

A similar recent government report has come from the (Federation of Canadian Municipalities 2015; Canada Mortgage and Housing (CMHC), 2017), that in most provinces, from the mid-1990s until recently, the combination of a rapidly expanding senior population, insufficient investment in private purpose-built rental housing, and steadily diminishing government-funded affordable housing has resulted in long and rising waitlists for social housing and housing subsidies. Some participants suggested affordable housing (intergenerational housing models) options for low-income seniors and young Filipino adults are made available. For older Filipino adults, staying with their children and grandchildren and relatives is part of their culture as a Filipino "granny" but due to high housing prices in Saskatoon, most of their children do not own a full house where they can socialize with their grandchildren and children, but they have to rent away from their grandchildren.

"... When I retire, finally, I will like to live with my family. In Filipino culture, we like to live with our family, but over here, older adults are sent to older homes, and I don't like that, if the housing is made low, then we can all stay together."

(Participant 4, Female, 72 years)

Most participants mentioned they lived in rented apartments and houses, including house basements. At the time of the interview, only three older adults had acquired their own houses. Participants who stayed in the rented apartments expressed satisfaction with their present-day housing situation of living in rented apartments because they enjoyed the freedom not to maintain and clean the apartment building, especially snow clearing during winters and mowing lawns during spring and summer. A participant stated that she enjoyed staying in rented apartments because if she decided to go back home to the Philippines, she would not have to worry about renovating and leasing the house.

“...I like where we live now; the apartment is maintained by someone; we don’t have to clear the snow or mow the lawn. I may go back to the Philippines soon; that way I don’t have to worry about the lease.”

(Participant 10, Female ,77 years old)

From the data gathered, the Filipino community is a strong advocate for filial piety. Most older adults largely frowned on living in a senior care home but preferred the option of living alone or mostly with their children and grandchildren, and some wanted to return to the Philippines later in life.

CHAPTER 5

FINDINGS: INTERNATIONAL AND LOCAL INITIATIVES RESPONDING TO SOCIETAL AGEING AND CREATING AGE-FRIENDLY COMMUNITIES

5.1 Introduction

In 2007, the WHO launched *Global Age-Friendly Cities: A Guide*, a report that emphasized age-friendly communities' importance in supporting active ageing (WHO, 2007). This report resulted from collaboration with 33 cities from both developed and developing countries around the world. The WHO report contended that in order to be age-friendly, cities had to include acceptable levels of transportation, housing, outdoor areas and buildings, social participation, social inclusion, civic participation, communication and access to information and community health services (WHO, 2007). When communities considered and promoted these features, they were more likely to maximize the opportunity for older people to age in place (WHO, 2007). The holistic focus of the age-friendly framework promotes active ageing and engagement of older people in the community. The key findings were that “[a]n age-friendly city encourages active ageing by opportunities for health, participation and security in order to enhance quality of the life as people age. The city’s landscape, buildings, transportation system and housing contribute to confident mobility, healthy behaviour, social participation and self-determination or, conversely to fearful isolation, inactivity and social exclusion” (WHO, 2007, p.72). The features of age-friendly communities can mitigate social disadvantages such as those experienced by older immigrants by providing more inclusive and supportive communities (Lui et al., 2009; Scharlach and Lehning, 2013).

Canada continues to be one of the world’s leaders in achieving age-friendly communities, Ontario, Manitoba, and Nova Scotia have cities participating, trying to reach all of its communities, rural

and urban (PHAC, 2012). Overall, the WHO guide is significant because it advances the planning field by integrating urban planning and gerontology knowledge. Hence, this WHO *Age-Friendly Cities Guide* remains an outstanding model on which to base an ageing study. However, researchers have questioned whether the original age-friendly concept and framework reflect the diversity of older people and their communities' dynamic nature (Keating et al., 2013). Thus, age-friendly communities need to be responsive and adapt to the diverse older population's current and future needs.

In seeking to answer this question from Saskatoon Filipino older adults' lens, the research sought to ensure that Filipino older adults living in Saskatoon, with their collective challenges and needs, are considered and recognized. A non-profit organization in Saskatoon responsible for the well-being and age-friendliness of older persons is the SCOA. A primary goal of the SCOA is to achieve age-friendliness according to standards established by the WHO. Using the WHO framework links SCOA's work to well-researched models, to the WHO global age-friendly network and other age-friendly communities.

With the adoption and introduction of the age-friendly concept in Saskatoon, the SCOA *Age-friendly Saskatoon initiative* "was a multiyear, multiple phase project aimed at establishing Saskatoon as an "age-friendly" community where older adults can lead healthy independent lives and are active and engaged members of the community" (SCOA, 2016). The first stage presented an evaluation of the age-friendliness of Saskatoon from the perspectives of older adults. The second phase suggested recommendations to be implemented to enable organizations, service providers, community groups, and governments better manage programs and services. The final phase was built based on the first two and discussed additional steps to create a sufficient age-

friendly Saskatoon. Over five hundred older adults living in the city of Saskatoon were consulted about their experiences ageing in Saskatoon, and a report was published, and the recommendations were implemented in the last phase of the initiative.

From the SCOA findings, participants identified many age-friendly features that supported quality of life and independence for older people and aspects of city living that needed improvement to create an age-friendly Saskatoon. Through focus groups, surveys and interviews, with over 500 older adults in most Saskatoon neighbourhoods, many interesting findings from older adults were achieved from this project. Such as Saskatoon's striking differences between summer and winter seasons, improvement in health and fitness maintenance resources and improved access to shopping and services.

On December 3 2019, Saskatoon was recognized in the provincial legislature's fall sitting as an age-friendly community (SCOA, 2019). Saskatoon, like many communities, is experiencing a major transformation. Population growth, spurred by economic development and new job opportunities, is adding to the city's demographics of residents. According to the city of Saskatoon, by 2025, more than one-quarter of Saskatoon's population will be over the age of 55. Planning for this growing, older population is critical. One of the sampling design objectives for the SCOA study was to achieve the representation of immigrant communities. The research outcome confirmed the heterogeneous nature of the older adult population and their needs, similarly to the background of this research. However, from conducting more specific research on a particular older group: that is, the Filipino older adults' community, it was identified that some interesting differences were of concern to this group other than those proposed by the general report for Saskatoon Older Adults from the SCOA.

5.2 Differences and similarities between SCOA findings and the study findings

In terms of transportation features of an age-friendly Saskatoon, SCOA in 2016 reported that most participants rarely used public transportation, frequently citing various safety reasons and access barriers. However, in the Filipino older adults community study, most of the participants used Saskatoon Transit as their primary transportation source to work, medical appointments and religious occasions. This underscores the importance of an accessible and affordable transport system to this community. A similar comment that run through the report and this study were safety concerns; study participants mentioned fear of gang attacks and murders. Additionally, access barriers to bus stops in the form of icy walk paths and proximity to bus stops during the winter were similar concerns that run through both studies.

Unlike the mainstream older adults who reported that they were satisfied with their present housing, the Filipino older adults advocate for low-income housing and even further assist their intergenerational family where they can enjoy independence. To add more, Filipino adults prefer to age in place and not senior housing, whereas the report suggested that seniors were concerned about the model of seniors housing. In terms of community support and health services, the SCOA reported positive overall healthcare concerns such as respect and healthcare providers while indicating some access barriers such as shortage of geriatric inpatient beds, mental health and addiction services for seniors. However, a cultural barrier was found from the research; Filipino older adults were highly concerned about the lack of diverse or multilingual doctors and nurses in the health system to attend to older adults. Adding that most of their health concerns were not met because of the language barrier in accessing health care, coupled with the stress they have to go through to find someone available to translate their health concerns for them at the hospital.

Social participation was naturally in the form of going to church for Filipino adults; the availability of a wide range of opportunities for Saskatoon older adults, as reported by the SCOA, was not the same; they were not aware of these opportunities in the city. The highlighted features of an age-friendly community based on the expressions of Saskatoon's Filipino-Canadian older adults included: Affordable housing (providing low-income housing options for older adults and families with filial piety culture), accessible and affordable health care (admission of more Tagalog speaking nurses/ Tagalog language health services), a safe and secure neighbourhood (a neighbourhood devoid of crime and gang attacks), accessible and affordable transportation (other sources of transport and accessible bus stops) and finally advocacy for barrier-free civic participation and employment (higher paid jobs for older adults).

In contrast to SCOA findings, personal influences such as culture and ethnicity, gender, personal motivation and socio-economic status influenced Saskatoon Filipino older adults' ageing experience in Saskatoon. In addition to personal influences, there is also an environmental influence (harsh winter conditions) which caused snow build-up around sidewalks hindering walkability for older adults. Older adults are a vibrant and vital part of Saskatoon. In the next 20 years, this population is expected to almost double (SCOA, 2017). A booming older population especially a diverse one at that, has much to offer the cultural and economic life of Saskatoon. A growing and increasingly urban older adult population require innovative and proactive policies, strategies and programs to ensure optimal quality of life for all.

SCOA'S *Age-friendly Saskatoon Initiative* has provided an essential model for understanding the experience of the older adult in the Saskatoon community through a common language and framework. However, SCOA *Age-friendly Saskatoon Initiative* overall fails to recognise the

heterogeneous nature of older adults in its initiatives which implies that older adults may have different needs. For example, the immigrant older adult might have different needs. Through SCOA community support and health services initiative, older adults have been included in the Disability Strategy and Mental Health Strategy and also working with the Saskatoon Health Region, which is leading to increased awareness of the issues and needs of seniors. Yet Saskatoon Filipino-older adults report about the barriers in accessing healthcare services such as lack of trained healthcare translators.

As transportation remains central to a number of other age-related considerations including access to recreational opportunities, medical appointments, work and faith-based ceremonies (for example church). Transportation support is inherently fundamental to the well-being of many Filipino older adults in Saskatoon. SCOA initiatives on transport have not included any support such as subsidized cost of transportation for older adults, especially those with a low socio-economic status. This can socially isolate older adults as most of whom have already retired their driver's licences. Walkability has not been considered; older adults who access the city Transit Bus especially during the winter months go through the inconvenience of walking to bus stops that are unsuitable to walk. Initiatives with the City of Saskatoon to create walkable neighbourhoods are important to the overall quality of life of older adults.

In terms of SCOA Communication and Information initiatives, SCOA has become the hub of information for older adults in Saskatoon ensuring one-stop shopping. Coming of Age publication is distributed to over 5,000 members in Saskatoon in print and online format. However, with the heterogeneous nature of Saskatoon older adults, more importantly with English language being an

issue for some older adults, SCOA can consider developing innovative strategies to disseminate information about the city of Saskatoon programs and services for older adults. For example, liaising with cultural organizations such as FILCAS to disseminate information to its older adults' members in Tagalog language. Only one of the 15 participant of this study had heard about SCOA, liaising with cultural organizations to disseminate vital information will improve communication and information barriers experienced by immigrant older adults.

Although most older adults will have similar ageing needs, cultural and economic differences might not provide ideal communities to some older adults. For example, Filipino older adults are faced with both economic (unaffordable housing), cultural and linguistic barriers and physical environmental issues (walkability, harsh weather conditions) in Saskatoon. In Urban planning, the argument has long been made that cities need to become more people-friendly (Jacobs, 1961). Therefore, geographers and city planners must recognize the importance of accommodating both cultural and linguistic service provisions in developing a culturally pluralistic age-friendly Saskatoon and acknowledging the value of diverse representations of well-being in old age. Cultural pluralism appreciation underlines the value of supporting group networks in age-friendly growth, exchanging relevant lessons both within and outside the Filipino Canadian community.

CHAPTER 6

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

6.1 Conclusion

As Canada's population continues into the 21st century, the influence of culturally pluralistic age-friendly development continues to grow in the face of both dramatic demographic ageing and the prospect of globalization combined with growing ethnic diversity. As the demographics shift, there is a need to better understand and appreciate the diversity among the older adults population. Efforts to improve understanding should be developed throughout society, in all sectors. There is a need for further research and implications for policies and programs, but researching ethnic ageing requires careful planning and thought to ensure cultural relevancy (Durst, 1996). Culturally pluralistic age-friendly development involves linguistic and cultural inclusiveness, the empowerment of cultural inclusiveness, the empowerment of cultural social networks, and the promotion of urban social and spatial place-making. This study is holistic because it considers older immigrant adults as total people with social, economic, physical, emotional and cultural needs. Using qualitative data, through the lens of the World Health Organization Age-friendly Cities concept, the study examined the age-friendly concept in Canada. It highlighted social, economic and cultural barriers or challenges that members of the Filipino-Canadian older adult community face as older adults living in Saskatoon and their recommendations to enhance a culturally pluralistic Saskatoon. As this study suggests, the most significant and most fulfilling challenge facing the 21st century geographer can lie in their ability to promote physical and social conditions in which disparity no longer determines access to better or quality of services. This research highlights the importance of cultural and linguistic inclusivity in age-friendly related

programs and the benefits of age-related institutions supporting and working together to create an inclusive environment for Filipino-Canadian older adults within the Saskatoon community. In doing so, this research not only informs the manner whereby age-friendly communities are conceptualized but helps to bring the needs of Saskatoon's Filipino-Canadian demographic to the forefront of community development practice and application.

6.2 Research limitations

The research did not interview children of older adults to present a different perspective on filial piety expectations made by older Filipino older adults. This limitation indicates a research opportunity that can be taken in the future to examine the expectations of filial piety between immigrant older adults and their children. This limitation was approached by reading cultural books of the Filipino ethnicity to confirm filial piety.

This study was also limited by not identifying if the majority of participants had married or partnered with Filipinos or other nationalities, which may have some influence on older Filipino adults' experience living in Saskatoon, Canada. In one of the interviews, a participant mentioned how marrying a partner who was non-ethnic had a strong influence on both the environment she lived in and her socio-economic status. It would be interesting to find out if their partners' ethnicity for some reason influenced their ageing experiences in Saskatoon as a Filipino older adult. However, the study was still focused, as the semi-structured interview method was strong at probing to get more information from the participant.

This study was limited in the sense that while the semi-structured method was used to collect data, there remains an inevitable degree to which my positionality as a researcher may have skewed information according to my own interpretations, academic background and experiences as a

visible minority. To address this limitation, careful consideration was taken to eliminate my personal influence over the data, though true to the nature of qualitative research, although certain elements would remain in the study's results and presentation.

6.3 Recommendations

Cultural pluralism and diversity are elements important to multicultural cities' success, an ideology that seeks to encourage unity among communities rather than separation (Birkel, 2000). Contemplating the diversity that now encompasses our nation and cities, urban planners will need to provide recommendations and strategies to meet the challenges of a multicultural community. The diversification of civic culture and individual, institutional cultures is of great importance to planning, for it meets all the fundamental goals of planning; better planning, development and social justice. By understanding and engaging the intrinsic uniqueness of any particular public, greater complexity and innovation are integrated into problem-solving. It builds individual and community capacity and works towards a holistic approach to social justice. It is perhaps no surprise that civic culture questions are gaining attention in discussion of urban planning, development and sustainability. (Sandercock 1998, Putnam 1993, Bailly et al. 2001).

Immigrant older adults serve as a potential resource to Canadian society, and methods should be developed to encourage volunteer services, especially in agencies that provide services to ethnic groups. Changes need to be made in major health and social services agencies to serve immigrant older adults better. Many immigrant older persons are in good health and remain productive members of the labour force; even after they retire, they contribute to their communities and grandchildren's care, primarily when both parents work outside the home. Overall, with their diversity, ethno-cultural senior citizens need to be remembered and respected. They need to have

more policy, fiscal, health and social decision-making powers that impact them and greater awareness of the available resources and programmes. Resources and programmes that are available. Our multicultural nation faces new challenges with our ageing population, making Canada an exciting place to live.

Saskatoon is one of the best places to live in Canada (SCOA, 2016). In response to the challenges faced by an increasingly urban population that is also an ageing demographic, sustaining this enviable reputation will depend on developing and implementing strategies based on research. Young and old “Saskatonians” (people who live in Saskatoon) need governments and key stakeholders to work together to consider the problems of the ageing population of the city and pursue a proactive strategy to prepare for them. Saskatoon’s ageing population needs programmes that are available, sustainable, of good quality, and can meet people’s needs in the future. This will involve the cooperation of both public and several private partners, for example, in the redesign of public space, healthcare and transport and the design of new housing concepts. New public policies and actions should be informed by research-driven knowledge about the later stage of life, especially focusing substantially on visible minority older adults whose experiences of ageing are different from the mainstream.

This study’s conclusion calls for various suggestions that organizations should consider to enhance the age-friendliness of Saskatoon while improving Saskatoon’s culturally pluralistic age-friendly development. The knowledge of vulnerable people’s perspectives has the potential to inform advancement of relevant programmes and policies in health and social sectors which will enhance quality of life and reduce disparities.

1. Healthcare –Among existing age-friendly programs and documents, the availability of accessible, appropriate and affordable health and support services, remains key priority (Saskatoon Council of Aging, 2016; Edmonton Seniors Coordinating Council, 2011; WHO, 2007). Accessing health services is an integral factor in promoting the quality of life of older immigrants (Lai and Chau, 2007). A barrier faced by most Filipino-Canadian older adults was language. In the utilization of services such as healthcare, many participants noted a lack of available Filipino or multilingual healthcare professionals especially Doctors during clinic visits. Also, there were concerns in their ability to communicate effectively during visits to healthcare centers. These barriers to healthcare services, are likely to have an even greater impact for ageing immigrants because of their advanced years, decreasing mobility, and low socioeconomic status, which in turn, further affect their health status. The importance of health professionals ability to speak both English and the first language immigrant older adults cannot be overemphasized. The limitation of language calls for the employment of bilingual doctors and multilingual staff to attend to older adults who are not fluent in explaining their medical conditions in English language and also, provide translation services. Language and cultural “distance” may discourage some older adults from using healthcare systems. For instance, Lueng (2000) reported on communication problems faced by Chinese-Canadian hospital patients in Toronto. Language barrier are more acute among senior immigrants resulting in unequal access to services. It is important to create transcultural education for health professionals and more importantly encourage assistance for foreign Doctors to acquire Canadian credentials. However, credentialing foreign professionals may meet resistance from professional associations,

and require government to face challenges of quotas for immigrant groups. Therefore, intersectoral collaboration among agencies addressing the health needs of immigrant older adults is essential.

2. Information about available services - It is important that all programme materials, available services information and important meetings are available and printed out in brochures/ leaflets in the language of immigrants in the case of these participants , in both English and Tagalog (these languages should be decided based on the actual number of speakers in the community) and need, with dedicated funding for translation and interpretation built into the city's budget. Older adults' settlement, health services, and opportunities can be printed in multiple languages and distributed via brochures in public gathering places such as the church. Oral information can also be disseminated through church announcements. Disseminating information via larger institutions such as the church and University gives providers and policy influencers the opportunity to reach more people. Another way of disseminating information to this group is through the introduction of cultural liaisons. Cultural liaisons will serve as ethnic community workers who will link with immigration to assist newcomers with information, services and opportunities available for older adults and the community at large. Ethnic media strategy – creating ethnic and other local media, and concentration on wide distribution of information in ethnic and other local media in Saskatoon. For example, Saskatoon's CFCR 90.5 FM is multiculturally focused in their programming, including content from the different multicultural communities in Saskatoon. While this is applaudable and promotes cultural pluralism, this is the only media station in Saskatoon with such

programming. An initiative that will promote cultural pluralism in Saskatoon is that, other media stations dedicate some airtime to ethnic minorities groups in Saskatoon to discuss and share relevant information to their communities. Based on a weekly schedule, each ethnic group is featured every week for discussion.

3. Transportation accessibility – Like health and support services, transportation remains a key age-friendly consideration for Filipino-Canadian older adults (WHO, 2007). Various transportations options should be provided for older adults, especially during the winter months, to enhance socialization and transport accessibility. Transportation options such as the train in addition to Saskatoon transit buses and available and accessible specialised transport systems should be added to Saskatoon’s Transport system. In the case of this research, Filipino-Canadian older adults, many of whom have retired their driver’s licences, access to safe and effective public transportation is of heightened importance to them. Transportation is an important part of the lives of older adults, as it facilitates individual’s access to services, amenities, and social activities. Without adequate transportation, older adults risk not being able to be socially included with their peers. For better utilization of services, amenities, and increased mobility of older adults, transportation barriers must be reduced. For example except for accessing public transportation, more organizations or programs should be established to focus on addressing transportation challenges faced by older adults such as providing subsidies for emergent use of taxi when transportation services are not available or developing volunteer driver platforms to connect volunteers to older adults in need of transportation services. Special needs planning – dedicated funding to improve accessibility for especially challenged immigrant older adults is provided for

in the city's budget. The city of Saskatoon has a transportation service known as "Access Transit", where passengers are provided with door- to -door transportation, assistance boarding and exiting the vehicle, and the availability of vehicles that accommodate mobility assistance devices (Saskatoon Transit, 2020). However, Filipino-Canadian older adults were not aware of its availability in this study which underscores the need for inclusive special needs planning. Security- create secure and comfortable bus stops such as bus stops with CCTVs to make seniors feel comfortable when travelling with the Saskatoon transit, especially later in the night.

4. Action research initiatives – comprehensive and inclusive studies conducted to identify barriers to participation faced by the Filipino community and other older adults' communities. This knowledge is necessary to respond to the realities faced by older immigrants globally, as well as raise awareness among policy makers and service providers, about the importance of improving access to services and supports, cultural sensitivity in service delivery, and collaboration between sectors and with communities.
5. Housing- The aging of the population presents the opportunity and an imperative to make changes in the housing sector to enable older adults to age in place, maintaining their social, business, and service connections. (WHO, 2007). Affordable low-income housing opportunities should be made available for low socio-economic status seniors and their intergenerational families, hence enhancing ageing in place. Housing affordability is a growing area of concern and focus of age-friendly communities in

Canada due to cost burden, gentrification, and shortage of housing (Neal and Carder 2014; Saskatoon Council of Aging, 2016). To create an age- friendly Saskatoon, the city should meet the housing needs of older adults through a variety of housing options at a range costs and with a range of supportive features, for example building intergenerational homes. Policy makers should take into consideration that the housing landscape is changing. The retirement community industry is described as being “in crisis” as age-segregated communities have faced difficulties in finding residents and keeping vacancy rates low. Factors leading to this trend include the high cost of retirement housing, insufficient resources to pay for those costs, and a “growing disaffection with institutional living” (Neal & Carder, 2014). In this study, Filipino-Canadian older adults expressed disaffection for institution living because of cultural reasons such as filial piety, hence they preferred living in intergenerational homes. For most of Filipino-Canadian older adults, family is a key support. At the same time, challenges faced by the younger generations in the family would also cause distress to the older immigrants. Most older immigrants would not like to see themselves turning into a burden for their children and grandchildren. Therefore, the future direction of programs and policies should go upstream by enhancing their effectiveness to address challenges faced by younger generations of the older immigrant family. This would facilitate the older people themselves a sense of security and inclusion not just for themselves but also for the ones they care and love.

6. City of Saskatoon should create more inclusive social programmes and services that focus on fostering Filipino-Canadian Older adults and other newer immigrant older adults into the community. Policy approaches and services efforts to promote civic

inclusion of immigrant older adults should encourage engagement in volunteer activities and provide opportunities for volunteering. Volunteering was recognised as vital to fostering inclusion of older people in the community and supporting older immigrants to active volunteers in their communities is, thus, an integral feature of an age-friendly community and would render these older adults' societal contributions visible (Torres and Serrat 2019). Promoting civic inclusion of immigrant older adults should also boost voting rights, knowledge of political system of Canada, access to polling stations. Efforts should promote and facilitate civic and political integration of different language groups. Through senior-serving organizations such as SCOA and immigrants-serving organizations, civic and political participation should also be promoted using multilingual strategies, allowing nonofficial language older adults to be included in the political arena.

7. Cultural Pluralism programmes- multicultural celebrations and community festivals should be organized regularly in Saskatoon to enhance integration and encourage older adults from diverse backgrounds to work together. These social celebrations serve as a medium of interaction for people of different backgrounds with different experiences to share, connect and understand each other, hence promoting Cultural Pluralism.
8. Outdoor spaces – Age-friendly communities should have physical environments that work for everyone. Falls and slips were of concern to Filipino-Canadian older adults in this research, similarly, according to the Centre for Disease Control and Prevention (2020), falls are the leading cause of fatal and nonfatal injuries among older adults.

Snow other physical barriers should be quickly removed on walkways during the winter season to reduce falls, and potholes on roads should be fixed to reduce body pain of older adults who take the Saskatoon Transit bus. Designing an age-friendly environment that is free of physical impediments, facilitate healthy behaviours of older adults through design and infrastructure. Designing age-friendly environments go beyond physical infrastructure that enhances travel. This type of environment can improve health of older adults by reducing injuries, promoting community engagement and additionally, lower health care expenditure. Walkable communities, in particular, have been shown to reduce the risk of chronic disease and improve public health and quality of life (Kerr et al., 2012)

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APPENDIX A: PARTICIPANT CONSENT FORM

Face-Face Interview- Older Adult Participant Consent Form

Project Title: Age-Friendly Communities – Friendly for Whom?

Researchers:

Principal Investigator: Dr. Ryan Walker, Professor, Department of Geography and Planning, University of Saskatchewan, 306-966-5664, ryan.walker@usask.ca

SSHRC Principal Investigator: Dr. Mark Rosenberg, Professor, Department of Geography and Planning, Queen's University, 613-533-6046 mark.rosenberg@queensu.ca

Co-Investigator: Dr. Kathi Wilson, Department of Geography, University of Toronto, 905-828-3864, kathi.wilson@utoronto.ca

M.A. Researcher: Sonia Bataebo, Department of Geography and Planning, University of Saskatchewan, 639-318-4447, sob150@usask.ca or sbataebo@gmail.com

Purpose and Goals of the Research:

- The purpose of this research is to determine whether everyone in Saskatoon shares the same views on whether the community is age-friendly to all older people. As part of this project, we are conducting interviews with older people, executive members of organizations representing older adults, visible minority older populations, and older adults from newer immigrant groups, the older LGBT population, older adults with independent living challenges, and local government officials in Saskatoon. Our research is taking place in Saskatoon, Toronto, and Kingston.
- The goals of the project are: to analyze how the combination of the changing geography, socio-demographics and social and public policies of Canada have created an older population which has much different needs than is currently understood within the age friendly community literature and plans of communities; and to develop a new more inclusive theory of age-friendly communities.

Procedures:

- You will be asked a series of open-ended questions to get your perspective on how age-friendly your community is. Thirty interviews of this type will be conducted in Saskatoon. We are doing the same thing in Toronto and Kingston.
- With your permission I would like to use an audio recorder to record our interview, which will then be transcribed and used as data in the study. You may request that the recording device be turned off at any time.
- The interview normally takes no longer than 30 minutes and is carried out in a location of your choice.

- Please feel free to ask questions regarding the procedures and goals of the study or your role.
- Before beginning the interview, you will be given a \$25 honorarium for your participation.

Funded by: Social Sciences and Humanities Research Council of Canada, Insight Grant

Potential Risks: There are no known or anticipated risks to you by participating in this research. That being said, if during the interview or afterward, an issue arises where you would like to contact someone who can provide expert advice or refer you to appropriate counselling, please call the Saskatoon Council on Aging (306-652-2255).

Potential Benefits:

- We hope that this research will help to improve the extent to which our cities are age-friendly for all older adults.

Confidentiality:

- Your name, and the fact that you are participating in this study, is known to Sonia Bataebo, Drs. Walker, Rosenberg, Wilson, and their university research assistants. Digital audio files will be saved to encrypted memory devices in the field. When the interviewers return to the project office, the original audio files will be copied to anonymous files with only a record number to identify each copied file. The anonymous files will then be transcribed into a MS Word file with only the record number at the top of the file, with similar coding systems applied to the image files. Sonia Bataebo, Drs. Walker, Rosenberg, Wilson and their university research assistants are the only people that have access to the audio recording and transcript from this interview.
- The data from this research project will be published in reports, scientific papers, and presented at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interview, they will be attributed as follows: Male/Female; Identifying as [e.g., Filipino- Canadian]; Saskatoon. Your name will not be listed in any publications or presentations.

Storage of Data:

- The original encrypted audio file will be stored in a locked cabinet and only used again should the anonymous file be damaged or destroyed to create a new anonymous file. Five years after the completion of the project, the original encrypted files will be destroyed.
- The transcript files, and associated data analysis files, will be stored on the password protected computer drives at the Universities of Saskatchewan and Toronto, and Queen's University while the data analysis is underway.

- Once the data analysis and publication of results is complete, raw data files will be stored by Drs. Walker, Rosenberg, and Wilson on their password protected institutional servers for a period of 5 years, after which time it will be deleted.
- Completed consent forms will be stored in Dr. Walker's locked filing cabinet in his office at the University of Saskatchewan for a period of 5-10 years, after which time they will be shredded and disposed of.

Limitations to Confidentiality:

- Since recruitment of participants such as yourself occurred in an organization's office at our information table, or in a meeting sponsored by the organization where we gave a recruitment presentation, anyone who saw you take a contact form for this study may be able to deduce that you are a participant, or that you have considered participating.

Right to Withdraw:

- Your participation is voluntary, and you can answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time, without explanation or penalty of any sort. Acceptance of the participation honorarium does not impact your right or ability to withdraw from this study.
- Should you wish to withdraw, data from your interview will be deleted, provided that they have not already been incorporated into a publication (under preparation, review, or in final form) or into a presentation.

Follow up:

- Please keep your eye on the Age-Friendly Communities project website (<http://geog.queensu.ca/AFC-Project/>) housed at the Department of Geography and Planning, Queen's University, where we will load reports from the study as our work progresses.

Questions or Concerns:

- Contact one of the researchers using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Office. Any questions regarding your rights as a participant may be addressed to the Research Ethics Office ethics.office@usask.ca; 306-966-2975. Participants outside of Saskatoon may call toll free at 1-888-966-2975.

Consent:

Do you give consent to participate in this interview?

Do you give your permission to have your interview audio recorded? Yes: ____ No: ____

Your signature below indicates that you have read and understand the description provided; you have had an opportunity to ask questions and your questions have been answered. Your consent to participate in the research project. A copy of this Consent Form has been given to you for your records.

_____ Name of participant	_____ Signature	_____ Date
_____ Researcher's Signature	_____ Date	

A copy of this consent will be left with you, and a copy will be taken by the researcher.

APPENDIX B: INTERVIEW GUIDE

INTERVIEW GUIDE FOR FILIPINO OLDER ADULT PARTICIPANTS

Thank you for agreeing to be interviewed. Do you have any additional questions about the purpose of this interview or how we plan to proceed? Thank you, let's begin.

First of all, I will like to ask some general questions about you, with the hope of gaining some insights into your current life here in Saskatoon. Thank you.

1. In a brief overview, how did you come to live in Saskatoon?
Prompts: Were you born in Canada? How long have you lived in Canada?
2. How long have you lived at your current address? Do you live with anyone?
3. How long have you lived in Saskatoon?
4. Do you mind sharing your age with me?
5. As an older person living in (Saskatoon), how would you describe yourself? In terms of your age, stage of life, marital status, living arrangements (independent, living with children, caring for grandchildren etc.), ethnicity (being a member of the Filipino community), native speaking language, independence (e.g., your ability to look after your own household, get around the community), your health and overall quality of life/satisfaction?

I would now like to ask about your day to day life in Saskatoon, and how you make decisions about the places and people you see and visit.

6. Do you think of yourself as a religious or spiritual person? [Skip to next question if the person says no.] What makes you a religious or spiritual person? (e.g., do you go to religious services on a regular basis)? At which church or temple do you worship? Is attending the church/temple an important part of your social life?
7. What kinds of activities do you participate in on a regular basis? (e.g., exercise, recreational activities (singing, dancing, etc.), games, education, volunteering, etc.)
Prompts: Do you participate in these activities with any family or friends? How do you get to and from these activities? Are you happy with your level of participation in these

activities? Is there anything you would want to change about participating in your social activities? How?

8. Are you active in social organizations in your community? (e.g., seniors' associations, your church/temple, volunteer organizations, social organizations, etc.). Is there anything you would like to change about being active in your community? How?
9. In your day to day life, are there any outdoor or public spaces in Saskatoon that you visit frequently? Why do you visit there frequently? (Signage, seating, bus system, wide space)
Prompts: are there any places you avoid visiting deliberately? Why?
10. Do you think services (e.g., housing, transportation, health care, and recreational facilities) are sufficient to make Saskatoon an age-friendly community for you?
11. Do you think services (e.g., housing, transportation, health care, and recreational facilities) are sufficient to make Saskatoon an age-friendly community for other older people?
12. As an older person living in Saskatoon have you ever felt you were treated disrespectfully or discriminated against? [If yes] Can you give us an example or two of how you were most recently treated disrespectfully or discriminated against? Do you think what occurred was because of your age or something else? What did you do in response? (e.g., ignore the person; tell your spouse, a relative or friend; lodge an official complaint, etc.)

Now I would like to discuss with you whether you find Saskatoon an age-friendly city, particularly for older members of the Filipino community.

13. Do you think of Saskatoon as an age-friendly community for older Filipino people? Why?
Prompts: do you think that services (e.g. housing, transportation, health care and recreational facilities) are sufficient for older Filipino adults to have a good life?
14. In sum would you say Saskatoon provides a good quality of life for its older Filipino adults? Why?

Finally, I would like to ask about your suggestions to make Saskatoon an age friendly community.

15. If you were asked by a local politician/government representative (e.g., the mayor), how to make Saskatoon more age-friendly, what would you tell them?

16. Is there a specific age-friendly feature exceptional to the Filipino community that you would suggest should be considered by city planners to make Saskatoon more age-friendly?
17. Is there anything else, you would like to tell us about Saskatoon as an age-friendly community?

That will be all for today! Thank you for your time and interest in my research, your shared experiences have been very valuable to this research.

APPENDIX C: NVIVO DATA CODE SET

Main Themes	Themes	Sub-themes
1. Age-friendly community features for Filipino Older Adults	Employment	Laborious job search Double shifts Unrecognised certification Micro-racial aggression
	Safety	Security concerns after dark Gang violence scares Narcotic use concerns Security devices
	Housing	Rent House prices(mortgage) Long Wait List Social housing Intergenerational housing
	----- Outdoor Spaces	Harsh winter conditions Snow piles Beautiful green parks

	<div>-----</div> <div>Participation</div>	<div>Social isolation</div> <div>.....</div> <div>Transport challenges</div> <div>.....</div> <div>Language</div> <div>.....</div> <div>Cost of community events</div> <div>-----</div> <div>Irregular timing of bus</div> <div>.....</div> <div>Lack of different transport systems</div> <div>-----</div>
	<div>-----</div> <div>Family</div> <div>-----</div>	<div>Filial piety</div> <div>-----</div>
	<div>Communication/Information</div> <div>-----</div>	<div>Language barrier</div> <div>-----</div>
	<div>-----</div> <div>Health services</div> <div>-----</div>	<div>Multilingual doctors</div> <div>.....</div> <div>Multilingual nurses</div> <div>.....</div> <div>Wait times for specialist appointments</div> <div>.....</div> <div>Translators</div>
2. Challenges/barriers		<div>Walkability during winter</div> <div>.....</div> <div>Language barrier in health</div> <div>.....</div> <div>Language barrier in participation</div> <div>.....</div> <div>Low SES</div>

		<p>.....</p> <p>Irregular bus times</p> <p>.....</p> <p>Long wait times for medical specialists</p> <p>.....</p> <p>Lack of multi transport systems in Saskatoon</p>
3. Recommendations		<p>Multi transportation options</p> <p>.....</p> <p>Bilingual health staff</p> <p>.....</p> <p>Employ ethnic health translators</p> <p>.....</p> <p>Rent supplements</p> <p>.....</p> <p>Intergenerational housing</p> <p>.....</p> <p>Social housing</p> <p>.....</p> <p>Cultural Festivals/Celebrations</p> <p>.....</p> <p>Integration organisations</p> <p>.....</p> <p>More transportation options other than bus</p>
4. Sex	<p>Male</p> <hr/> <p>Female</p> <hr/> <p>Non-binary</p> <hr/>	<p>12</p> <hr/> <p>3</p> <hr/> <p>0</p>
5. Age	Participants	<p>1- 77 years</p> <p>2- 61 years</p> <p>3- 57 years</p> <p>4- 72 years</p> <p>5- 65 years</p> <p>6- 67 years</p> <p>7- 65 years</p> <p>8- 55 years</p> <p>9- 60 years</p>

		10- 77 years 11- Not revealed 12- 60 years 13- 55 years 14- 55 years 15- 55 years
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